ANNUAL REPORT

OF THE

SANITARY COMMISSIONER WITH THE GOVERNMENT OF INDIA,

1903,

WITH

APPENDICES AND RETURNS OF SICKNESS AND MORTALITY AMONG
EUROPEAN TROOPS, NATIVE TROOPS, AND PRISONERS,
IN INDIA, FOR THE YEAR.

CALCUTTA:
OFFICE OF THE SUPERINTENDENT OF GOVERNMENT PRINTING, INDIA
1904.

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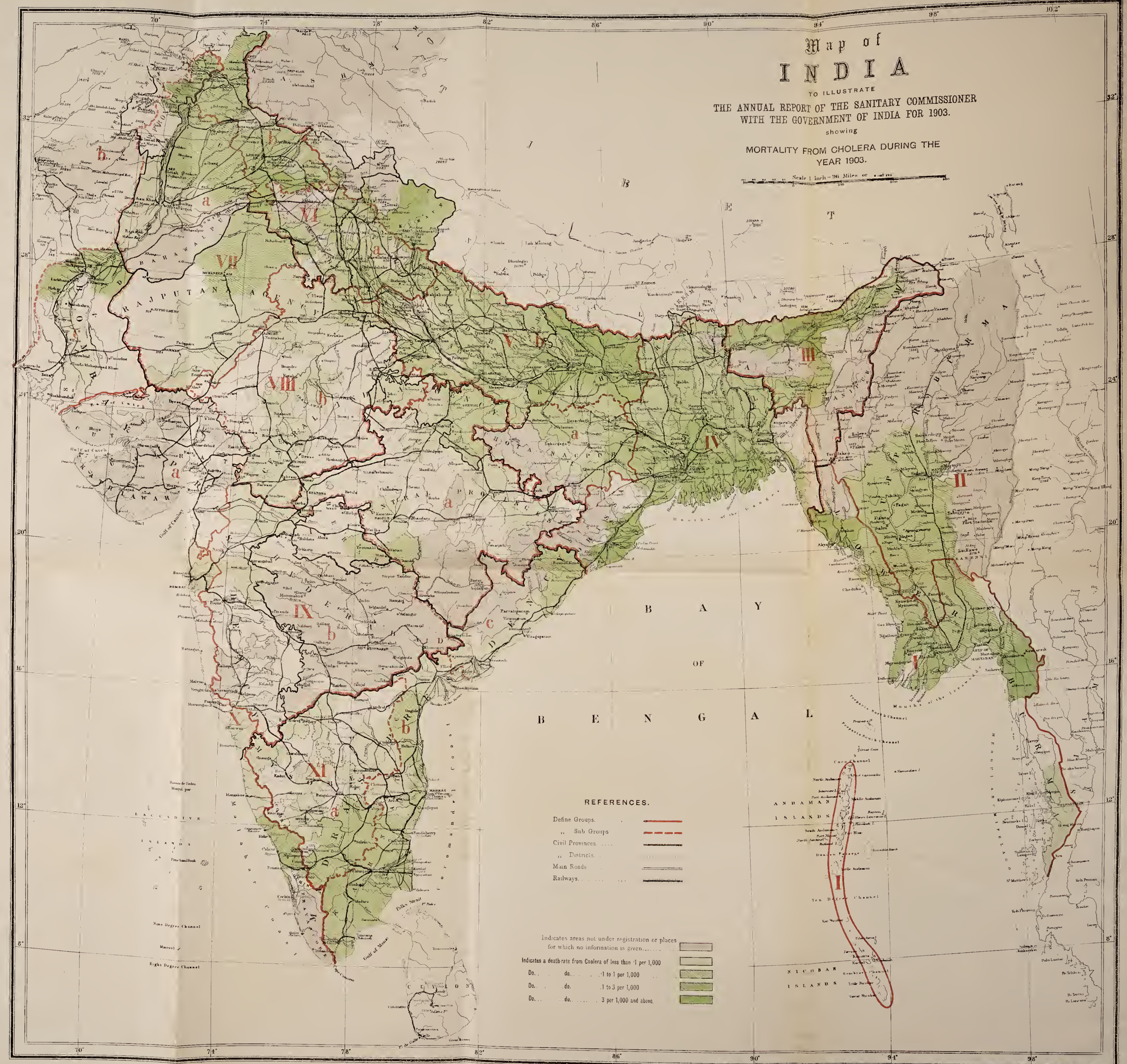

Map of
INDIA
TO ILLUSTRATE
THE ANNUAL REPORT OF THE SANITARY COMMISSIONER
WITH THE GOVERNMENT OF INDIA FOR 1903.
showing
MORTALITY FROM CHOLERA DURING THE
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ANNUAL SANITARY REPORT FOR 1903.

SECTION I.

METEOROLOGY OF THE YEAR.

Summary of the meteorological phenomena of the year.

1. THE following report on the meteorology of India has been kindly furnished by the Meteorological Department of the Government of India.

During the first-half of January the weather over India was generally quiet and fine, though some rain occurred over the south, centre and north-west, between the 5th and the 10th. About the 20th the weather changed and a series of storms passed through Persia and Baluchistan into Northern India occasioning rain on the plains, snow on the hills and very unsteady temperatures. These conditions were not, however, maintained and the weather was even finer and quieter in February than in January and the month was marked by a considerable, persistent and general excess of pressure, great dryness of the air, absence of cloud and deficiency of rainfall. In January the weather was cooler than usual over north-west and north-east India and hotter than the average elsewhere, while in February the mean temperature was lower than the normal except in the extreme north-west and extreme north-east. The rainfall of January was deficient except over south India, the west coast and north-east India, and that of February was deficient except along the west coast, over Bengal and on the Burma coast. In March the weather was more disturbed than usual in the north-west of India and adjacent regions, and the total rainfall of the month was from twice to six times the normal amount over Baluchistan, the North-West Frontier Province, the Punjab, Kashmir, western Rajputana and the hill districts of the United Provinces. In Burma, Bengal and Assam the month's rainfall was normal or in slight excess, while elsewhere the dry weather which had characterised the two preceding months still held. The air was drier and the cloud amount less than usual except in parts of north-west India, but the mean temperature, owing probably to the unsettled weather in the north-west was lower than the average in all divisions, but particularly so in the Indus valley and north-west Rajputana.

During the two hot weather months of April and May the rainfall was much lighter and the disturbances fewer than usual over Burma and north-east India, but in the Gangetic Plain and Chota Nagpur in April and in north-west India and the Peninsula in May the rainfall exceeded the normal. In consequence while the mean temperature was in marked excess over north-east India and Burma it was generally below the normal elsewhere. The highest temperatures recorded during May were 120° at Jacobabad on the 31st and 114°8 at Ahmedabad on the 21st.

The monsoon rains set in along the west coast between the 11th and the 16th of June and over Bengal on the 16th, but the monsoon was light on both sides of India throughout that month. Monsoon rainfall did not extend properly inland and the whole of the area served by the Arabian Sea branch of the monsoon current reported more or less deficient rain. In north-east India the rainfall was generally excessive, but this result was largely due to the very showery weather which prevailed there during the first-half of the month. Both the cloud amount and the humidity were generally low. As a result of these conditions the temperature on the mean of the month was normal or in slight defect over inland Burma, Assam and Bengal and Orissa, but was in considerable excess elsewhere, most so over the central parts of the country where the heat was very excessive from the 8th to the 25th. The temperature rose to 123°·5 at Jacobabad on the 11th, to 119°·0 at Montgomery on the 13th, to 118°·2 at Dera Ismail Khan on the 13th and 14th, to 117°·3 at Bikaner on the 15th, and to 116°·4 at Jhansi on the 10th. During the first eleven days of July scattered, though in places heavy, rain fell over the south of the Peninsula, the Burma Coast and north-east India, but none was received over northern India or the north of the Central Provinces. In consequence very excessive temperatures prevailed over West Bengal, the Gangetic Plain, and the adjacent districts of the Central Provinces, Central India, Rajputana and the Punjab where on some days the maximum temperature was between 15° and 18° higher, and the mean temperature between 14° and 18° higher, than usual. The highest maxima reported were 117°·6 at Jacobabad on the 9th and 10th, 117°·7 at Dera Ismail Khan on the 10th and 117°·5 at Peshawar and Sialkot also on the 10th. On the 12th July a change occurred and rain extended accompanied with a fall of temperature, but the rainfall was not steady and a partial break in the rains prevailed over northern India from the 24th to the end of the month. The temperature on the mean of the month was excessive over northern India and Burma—more particularly over the Gangetic Plain—while it was normal or in slight defect over the Peninsula, the North-West Frontier Province and the North-West Himalayas. The cloud amount and the relative humidity were both below the normal except over the Peninsula where both were in excess. The rainfall of the month was about normal on the Burma Coast, short of the normal over inland Burma and northern India, except the extreme north-west, and in excess over the Peninsula.

During August the Arabian Sea monsoon was on the whole weak and the rainfall normal or slightly below the normal over the west and centre of the Peninsula and north-west India. On the other hand the Bay monsoon was strong and a succession of storms passed from the Bay inland and the month's rainfall was heavier than usual over the east of the Peninsula and central and north-east India. The mean temperature of the month was nearly normal except in Sind where the heat was somewhat excessive. The highest maximum temperature recorded was 113°·8 at Montgomery on the 23rd. Both humidity and cloud were on the whole less than the average.

Conditions were unchanged during September. The monsoon was on the whole weaker than usual over the Arabian Sea, but the rains continued in Upper India till between the 12th and the 19th. The Bay monsoon was on the contrary active and a series of small storms was formed and occasioned rain over north-east India. The general rainfall of the whole country was in excess of the normal. The departures of the mean temperature from the normal were generally small and unimportant. The air on the mean of the month was damper than usual and the mean cloud amount in excess of the average.

During October and November the weather was generally quiet and fine over the extreme north-west of India, but was disturbed elsewhere. Excessive rain fell in the former month over the greater part of northern and central India, while over the Peninsula the usual rains from the north-east monsoon partially failed. In November the area of fine weather extended and covered all parts of the country except Assam, inland Burma and south India where the rainfall was excessive. The mean temperature varied irregularly from the normal in these two months.

The first three weeks of December were fine over northern India, but disturbed and showery over the south of the Peninsula and the Burma Coast. About the 24th the weather changed in the north-west and between the 25th and the 28th general rain fell over the plains of north-west India and heavy snow on the hills. The temperature on the mean of the month was lower than usual in most places, but especially so over the Western Desert, the west of the United Provinces, part of Central India, Orissa and inland Burma. Both cloud and humidity were below the normal over nearly the whole country.

The temperature conditions were fairly normal on the mean of the year. Mean temperature was in slight excess over the Burma coast and the Bay Islands and in slight defect over the Indus Valley and north-west Rajputana.

Pressure on the mean of the year slightly exceeded the normal over the Indian area except along the west coast and over south India where it was in very slight defect. For the whole Indian area the departure from the normal was +·005 inch and, as in the previous year, the departures from the normal were very large both in February and in October.

The relative humidity, on the mean of the year, was below the normal over the whole of India with the exception of south India where it was in slight excess. The air was damper than usual in September and October and drier generally in the remaining months.

The cloud amount was generally above the normal in January, May, September and October, but varied irregularly from the average in the other months of the year. On the mean of the year it was in slight excess over Bengal and Orissa, the Gangetic Plain and Chota Nagpur, the Deccan and south India and below the normal elsewhere.

The rainfall of the whole year was in slight to moderate defect over inland Burma, Bengal and Orissa, the Gangetic Plain and Chota Nagpur and the Upper Sub-Himalayas, but was normal or in excess in all the remaining divisions. On the mean of the whole area for the year there was an excess of 0·30 inch. The rainfall was generally in excess in August, September and October and was irregularly distributed in the remaining months of the year.

SECTION II.

EUROPEAN ARMY OF INDIA.

India. Appendices A and B, Tables I, LIII and III.

2. The average strength of the European troops, excluding officers, which was 60,540 in 1902, rose to 70,445 during 1903; the number of new arrivals in the country was 24,840 and 15,126 in the corresponding trooping seasons. The annexed statement will show at a glance the general position as regards the sickness and mortality in 1903 as compared with the previous year and the antecedent quinquennium, and this will be seen to be, in all respects, favourable. The ratio of admissions to hospital is the lowest on record, and one must go back to 1877 to find a lower constantly sick-rate; the death-rate has been lower on seven occasions, but it is so far satisfactory in the light of the facts that 51 *per cent.* of the strength was under 25 years of age, and that 28 *per cent.* had less than one year's service in India (see para. 25).

India.	All causes. Ratios per 1,000.		
	1897-1901.	1902.	1903.
Admissions	1,285·3	1,078·4	1,033·4
Constantly sick ...	81·13	66·0	62·9
Deaths	16·69	14·68	13·05
Invalids	35·05	37·25	29·29

The chief causes of sickness were venereal diseases and ague, which accounted for 23·9 and 23·5 *per cent.*, respectively, of the total number of admissions from all causes. The decrease in sickness is to be attributed chiefly to lower admission-rates from malarial fevers, venereal diseases, respiratory diseases excluding tubercle, dysentery and hepatic affections, while the most notable increase was observed in those from simple continued and enteric fevers, influenza, cholera and heatstroke.

The chief causes of mortality were, as usual, enteric fever and abscess of the liver, the former yielding 32 *per cent.* and the latter 9·9 *per cent.* of the total number of deaths, but there was a slight fall in the rates from both these diseases as compared with 1902. And this is the case with nearly all the other death causes, the only notable exceptions being small-pox and cholera.

The chief causes of invaliding were, in order, ague, debility, secondary syphilis and *Bilharzia hæmatobia,* which together accounted for more than one-third of the total, but there was a remarkable decrease in the numbers sent home on account of secondary syphilis and debility; 134 of the 158 cases of invaliding for *Bilharzia* are definitely noted as having been contracted in South Africa, and probably all owe the same origin. If this new and exceptional source of loss be deducted from the total number invalided, the rate per 1,000 falls to 27·4, the lowest figure since 1895.

Among the troops composing the Delhi manœuvres and Durbar force the chief causes of sickness were venereal diseases and ague, and of mortality, enteric fever and pneumonia, which together accounted for 66 *per cent.* of the total of 15 deaths which occurred up to the end of February when demobilization took place. From the Aden column field force, with an average strength of 832, there were reported altogether 719 admissions and 23 deaths, giving ratios of 864 and 27·64 per 1,000 respectively; ague and dysentery were accountable for 47 *per cent.* and 8 *per cent.* of the sickness, and dysentery and enteric fever together for just over half the mortality.

Commands and Stations.
Appendix A, Tables I, III, IV, V.

3. Comparing the year with its predecessor, and taking all factors of sickness and mortality into account, all the four commands as hitherto considered, exhibit a better standard of health, save Madras (including Burma) which shows no change. Henceforth the statistics of Burma will be discussed separately, and in this, the first year of the new arrangement, it shows, with Madras, the highest sick-rates, the lowest being returned from Bengal and the Punjab. On the other hand, Bengal (15·46) and Burma (13·0) have the highest death-rates, and Madras (9·24) the lowest, all being somewhat above the respective rates for 1902, and the decrease in the combined death-rate for India is due to the falls in the Punjab and Bombay ratios of 1·5 *per mille* and 7·26 *per mille,* respectively; the latter and more remarkable result is due to a decrease under nearly every chief cause of death. Among stations with a strength of over 100, the highest death-rates were recorded at Naini Tal (42·25), Delhi (40·27), Dinapore (39·08), Murree (39·06), Mian Mir (36·77) and Nasirabad (35·66), the chief causes of excessive mortality being enteric fever, abscess of the liver, cholera and dysentery, one or more predominating in the different places. Turning to the largest stations, those with a strength of over 1,000, of which in 1903 there were 20 with an aggregate strength of 34,278, it is found that the combined admission-rate (all causes) was 998 and the death-rate 12·28 *per mille,* both below the means for India. Among these cantonments the highest death-rates were reported from Peshawar (22·15), Meerut (19·65), Ranikhet (19·06), Umballa (18·95) and Sialkot (18·41), enteric fever and cholera being the chief causes of the excess. In nine of these stations the death-rates were under 10 *per mille.*

Geographical groups.
Appendix B, Table II.

4. The geographical groups which, on a consideration of the sickness and mortality rates in combination, may be said to have been most unhealthy in 1903, were Burma Coast (I), Central India (VIII) and Bengal-Orissa (IV), while at the other end of the scale stand the Hill-Stations (XII-*a*), Western Coast (X) and Deccan (IX). The death-rates in the former were 15·38, 20·01 and 15·17, respectively, in the latter 8·87, 8·37 and 8·97, or if the actuals of the two sets be combined, the rates stand at 18·48 and 8·88 *per mille,* respectively, *i.e.,* as just over 2 to 1; the respective combined admission-rates are as about 1½ to 1. The clearest view of the causes of this contrast may be obtained by a glance at Table II, but it may be noted here, briefly, that malarial fevers, bowel-complaints, venereal diseases and hepatic affections were more prevalent in the former groups, and that the greater mortality therein was chiefly due to enteric fever, respiratory diseases, dysentery and hepatic abscess. Some idea of the occasional fluctuation of the mortality rates in the same group from year to year is obtained when it is noted that in Bengal-Orissa (IV) the death-rate fell from 24·32 in 1902 to 15·17 in 1903, mostly due to the decrease in deaths from hepatic abscess; again, in the Western Coast (X), the fall was from 21·34 to 8·37 in the year under review, owing chiefly to diminished loss from enteric fever, respiratory diseases and hepatic abscess.

To sum up the main results for 1903: if the sickness, mortality and invaliding rates had been the same as those of the previous year, there would have been 3,162 more men admitted to hospital, 220 more constantly-sick, 115 more deaths, and 561 more men invalided. These considerations should enhance the significance of the comparatively small variations in the rates, when they refer to a large body of men, and they indicate the great importance in regard to efficiency of every measure that promotes the health of the army.

Influenza. Appendices B and J, Table VI.

5. Influenza was widely prevalent, cases occurring in all the commands and in all but one of the geographical groups (VII). The admission-rate for India, which was 8·9 per 1,000 in 1901, and 1·8 in 1902, rose again to 3·1, the incidence being greatest on the Bengal (5·5) and Madras (3·3) Commands, while the Bengal-Orissa group (IV) was affected to the extent of 23 per 1,000 of its strength. Southern India (XI) and the Hill-Stations (XII-*a*) were the only other groups with rates above the mean. There were altogether 215 admissions with no fatality, reported from 29 stations, Fort William, Barrackpore, Chaubattia and Ranikhet, with from 20 to 22 cases each, reporting 40 *per cent.* of the total. It is said that an epidemic wave swept over Calcutta and the district in August and September, and this accounts for the cases at the two first named cantonments; as regards the two Hill-Stations the source of infection was not traced, but is attributed in Chaubattia to importation, the disease, however, appearing exclusively in April and May.

Cholera. Appendices A, B, and Q, Table VII.

6. Cholera was more generally prevalent among the civil native population in 1903 than in the previous year, and this is reflected in the army returns. There were only 3 cases among the European troops in 1902, but the number rose to 81 with 57 deaths in the year under review; these were reported from 16 stations in which all the commands shared, but the only considerable outbreaks were in Ranikhet (24 cases with 16 deaths), Meean Meer (13 and 11), Sialkot (10 and 6), Umballa (8 and 6) and Fort William (8 and 5); seven other stations reported only one case each. In nearly all accounts it is noted that the sources of infection were abundant in that the disease was prevalent at the time among natives in the cantonments, bazaars, neighbouring towns or villages.

In the case of Ranikhet, it was concluded that a spring which had been taken into use to supplement the deficient water-supply, but which was not thoroughly protected from surface pollution, had become contaminated, probably by natives. The outbreak began three days after heavy rain, and did not cease until this source of supply was closed, although the water was boiled before issue; bacteriological examination failed to detect the *vibrio*. At Sialkot the incidence of the disease and the general course of events appeared to implicate the regimental dairy milk, though no direct source of infection of this was traced. The Fort William cases are definitely attributed to the drinking of impure water by men on the march just outside Calcutta; and at Umballa, as all connexion between the cases appeared to be excluded and no general source of infection could be traced, it was considered that each case arose independently by fortuitous contact with natives.

It may be interesting to give here the briefest summary of the record of cholera among European troops serving in the Bengal Presidency or Command, since the historic epidemic of 1817. For the first 40 years, 1818—57, the admission-rates ranged between 20·0 and 33·7 *per mille* of strength, and the death-rates from 8·0 to 13·0 *per mille*, and for the next ten years, they were 15·1 and 9·1 *per mille*, respectively. Thereafter the ratios as shown in quinquennial periods (save the last) are as follow:—

	1870-74.	1875-79.	1880-84.	1885-89.	1890-94.	1895-1900.	1901-1903.
Admissions ...	4·1	5·4	3·3	2·2	2·7	1·5	0·8
Deaths ...	2·6	3·8	2·3	1·4	1·9	1·1	0·58

Small-pox. Appendices A and B, Tables III and IV.

7. Both the admission and death rates on account of small-pox rose in 1903 as compared with 1902; there were 68 cases and 8 deaths recorded against 23 and 4 respectively in the previous year. Eighteen stations contributed to this result, the largest numbers being recorded in Lucknow (22 cases with 4 deaths), Peshawar (7 and 2), Agra and Bareilly 4 cases each without a fatality, and the Delhi Durbar force in camp, 5 non-fatal cases; on the other hand, eight stations furnished only one case each. It will be seen that the Punjab and Bengal Commands were chiefly affected; it was in these areas that the disease was most prevalent among the native population, and medical officers record the fact that sources of infection prevailed in and around cantonments. Of the Peshawar cases all had been vaccinated in infancy or subsequently, and 16 of the 22 had been revaccinated mostly within the last five years. The disease was of the modified type in 14, and confluent in 8 cases; one man had had a previous attack in 1896 and recovered again. The cases occurring in Agra and Bareilly had all, it is said, been vaccinated and revaccinated.

Ague, remittent fever, simple continued fever, Malta fever. Appendix B, Tables IX, X, XI, LIII.

8. Intermittent fever was the cause of just over 23 *per cent.* of the total admissions which is about the same proportion as in 1902; it was more prevalent in all the commands, save Bengal and Madras, but the aggregate admission and death rates fell from 247 and 0·5 *per mille*, respectively, to 243 and 0·34 *per mille* in 1903. The separation of the Burma district from Madras Command brings out the contrast between these areas in regard to the prevalence of malarial fevers; but the high rates in Burma have been returned on a comparatively small strength, about one-fourth of which has been concentrated at one unhealthy station, Mandalay, where more than half the admissions for intermittent fever have occurred in recent years.

Excluding Burma, the Punjab Command usually takes the first and worst place, while Madras is at the other end of the list, and these positions are maintained once again in 1903, with rates of 312 and 135 *per mille*, respectively. As regards geographical groups, the greatest prevalence was, in order, in Central India (VIII), Indus Valley and Frontier (VII), and Upper Sub-Himalaya (VI), and the lowest in Southern India (XI) and the Hill-Stations (XII-*a*), the admission rates ranging from 441 in group VIII to 95·4 in XI. Excluding the Hill-Stations and comparing 1903 with the previous year, there was a decrease in the amount of the disease in 40 cantonments, an increase in 32, the Punjab Command stations alone showing an exception to the general rule of decrease, and it is among these and some in the Bombay Command that the highest rates are recorded, *e.g.*, Fort Lahore, Amritsar, Mian Mir, Aden, Nasirabad, Peshawar and Ferozepore, all above 500 *per mille*. A reference to Section I will show that there was, generally speaking, a defect and an irregularity of the monsoon rains in June and July, some excess in August and September with a later persistence into

October than is usual, and medical officers refer to one or other of these conditions as promoting the prevalence of fevers. The high rate at Aden is due to the men infected when on service with the Field Force operating in the Hinterland. It is quite probable, further, that just as a storm in the English Channel will often involve recourse to treatment in the London hospitals of malarial patients returning from the tropics, so the high range of temperature with cold nights in the autumn of Upper India may be expected to cause relapses in old cases of infection, or lower the resistance to fresh attacks.

Prophylactic measures.

The subject of the prophylaxis of malarial fevers is discussed as a whole in Section IX of this report, and it is unnecessary to give here a detailed summary of the medical transactions in this respect. There can be no doubt that the efforts put forth during the past year have been far more general, more complete, more consistently and energetically maintained and better organised than heretofore. At the same time signs are not wanting that in many respects the work has yet to be developed in its range and in completeness, before we can hope for measurable results. To this end other factors should contribute, and chief among them is a more scientific nosology based upon the recognition of the specific exciting *causæ* of the different forms of malarial fevers, and this will, of course, entail the systematic use of the microscope in diagnosis ; and, further, the success of practical preventive measures will largely depend on the interest taken in, and the encouragement given to, them by non-medical officers of corps. A few of the medical officers refer to the fact that lectures on and demonstrations of the simple facts on which preventive measures are based were given to the men with encouraging results, and this is a procedure that might be more generally adopted. In some cantonments "mosquito-brigades" were organized, and from a considerable minority of stations it is reported that the *anopheles* or its larval form was discovered at one or more periods of the year, but the variety is rarely stated and there is little information as to the relative seasonal prevalence of the *anopheles* found and the forms of fever in evidence. In at least 13 stations it is said that a careful search failed to discover *anopheles* of any kind, but most of these stations are in the hills and the fevers met with there were ascribed for the most part to importation. There are not a few references to the fact or probability of importation by men arriving from some endemic centre, and this tends to vitiate, to some extent, the deductions based on the returns as to the exact geographical distribution of the disease. For the rest, it may be noted that the microscope was used as an aid to diagnosis in a minority only of the stations, and the results are not always stated. The practical measures adopted were, for the most part, the improvement of surface drainage, the removal of standing collections of water in and around cantonments, the use of kerosine oil as a larvicide ; in brief, the measures advocated by Ross. In a few cases, mention is made of the use of mosquito-curtains for malarial patients in hospital and for the men in barracks ; in other instances the provision of nets has had to encounter the opposition of the men on account of the alleged defective perflation of air their use involves. The administration of quinine as a prophylactic was very generally adopted during the height of the fever season and care was taken, as a rule, to ensure its ingestion by the men under proper supervision. But it can scarcely be said that this measure has had a thoroughly systematic trial; the dose, the interval between doses, the method and the period of administration have varied in almost every instance and very few medical officers have committed themselves to an opinion of its value. A discussion of the subject of preventive measures in cantonments will be found in Section IX of this volume.

It is quite possible that one may see in the reduction of the reported prevalence of so-called remittent fever in 1903, one result of a more careful effort to differentiate this anomalous class on etiological grounds; when specific parasites are demonstrated in the blood more regard may be paid to their etiological significance than to the vagaries of the temperature chart and of the clinical symptoms. At any rate the fact stands that while the admission and death rates for India for the quinquennium, 1896-1900, were 19·0 and ·34 *per mille*, and for 1902, 6·7 and ·20, they fell to 4·0 and ·14 *per mille*, respectively, in the year under review. The difference in the last two years depends on the decrease in the Bengal and Punjab Commands where the rates have usually been highest, and with an increase in influenza and dengue, and no marked diminution as a whole in intermittent fever, the fact is at least worthy of notice. Medical officers, as a rule, include any remarks they may have to offer on this subject in the discussion of malarial fevers; the term remittent fever is generally held to include cases that run a somewhat anomalous and severer course and which are not subsequently found to develop a recognizable specific entity apart from malaria. The season of maximum prevalence for India as a whole is generally fairly identical for intermittent and remittent fevers, but in the different commands and geographical groups there are considerable divergencies in the monthly incidence of the two classes. When autopsies are made the chief care is to exclude enteric fever which may have been overlooked during life. The Punjab Command as a whole usually occupies the highest place on the list and this is the case in 1903; but the stations with the highest rates were Port Blair, where the strength is very small, Barrackpore, Nasirabad and Maymyo.

The suggestion made above as to a cause of the diminution in the returns of remittent fever, may appear less plausible when it is noted that there has been an increase in the simple continued fever rate as compared with 1902, *viz.*, from 14·0 to 18·5 *per mille*, but for this again the rate for the quinquennium ending 1900 was 35·4. This disease is remarkable for its large fluctuations in the returns, but they do not exhibit any regular relation, direct or inverse, with the remittent fever rates. The maximum seasonal prevalence is usually coincident with the height of the hot weather or with the onset of the first rain of the monsoon, the latter a time of considerable range and sudden falls in temperature; attacks are commonly attributed to chills and exposure to sun and heat, and may be largely due to lack of adequate physiological adjustment, or to malarial relapses. The Madras and Bombay Command rates have been highest in recent years, but in 1903 the Bengal and Punjab Commands stand first and show a considerable rise over the rates of the previous year. As regards geographical groups the incidence in 1903 was markedly highest on Gangetic Plain and Chutia Nagpur (V) and Indus Valley and Frontier (VII). As regards stations, by far the largest number of cases was treated at Mooltan and Lucknow, but the question of the etiology is not discussed by the medical officers concerned.

There were nine cases recorded as due to Malta fever,[1] without a fatality against eight admissions with one death in 1902; the reporting stations were Allahabad (4), Rawal Pindi (2), Khyragalli, Peshawar and Quetta one case each. None of the patients appear to have been stationed in any Mediterranean port, and the diagnosis, which was suggested on somewhat slender clinical grounds, was held to be established by the serum test, and, as regards this, particulars of the origin and history of the micrococcus employed are wanting, and in only three cases is the dilution mentioned, *viz.*, 1 in 80. It is noteworthy also that of the five stations from which cases were reported in the previous year only one, Rawal Pindi, appears in this year's list. Further, it does not appear that any attempt has yet been made in India to isolate the specific micrococcus. One can only conclude that, so far, the evidence is not sufficiently weighty for a positive diagnosis, more especially in the light of the recent observations of Konrich[1] in Berlin. Working with cultures obtained from Wright (Netley) and Eyre (Guy's hospital) he obtained complete agglutination in one hour, with the serum of hospital patients in different dilutions up to as high as 1 : 500; some of these patients had been treated with tuberculin, but the serum of others, who had not been so treated, reacted as markedly, and none of them had been exposed to any source of infection of Malta fever. The results further showed the greatest variations in the reactions of different races of the microbe to the same "normal" serum, which would agglutinate one race at 1 : 20 and others in different dilutions up to 1 : 500. Again, Captain Cornwall,[2] I. M. S., has tested the reaction of the serum of certain healthy individuals as well as of some patients suffering from long-continued, ill-defined forms of fever with a culture of the micrococcus sent to him at Madras from the Pasteur Institute, Kasauli. Among the persons in good health he found five out of six Hindus whose serum gave a "partial" reaction at 1 : 20, and in two of these cases there was also a partial reaction at 1 : 100; the serum of three healthy Europeans gave no reaction. Among the patients, the symptoms of none of whom suggested Malta fever, there were some whose serum reacted completely in dilutions of 1 : 80, and in three cases there was a partial reaction at 1 : 400. It would, therefore, appear that a "positive" reaction in dilution of 1 : 80 cannot be held to be pathognomonic of Malta fever, and that the serum of patients suffering from other diseases may give misleading indications.

Enteric fever (2).

9. The literature in which are set forth the results of the work accomplished during the past year towards the elucidation of the problems of the etiology, diagnosis and prevention of enteric fever is, as usual, enormous in amount and unusually extensive in its range. If it cannot be said to include any single contribution which alters fundamentally our conception of the disease, it, nevertheless, leaves the impression of a definite advance in the co-ordination of independent efforts under the influence of a clearer and more consistent view of the whole subject from the epidemiological side. Much of the constantly accumulating sum of knowledge has been confirmed by the test of fresh experience, by the wider application of more exact methods of research and by the recognition of the limits of the value of some of these methods. While the effective etiological factor has lost something of its specific unity owing to the recognition of the pathogenicity of organisms of the paratyphoid class, and while the uses and limitations of the Widal reaction in clinical diagnosis have been more strictly defined, the results have been rather to demonstrate the improvement in technique and in reliability of the methods

at our disposal than to confuse the main practical issues. There is, indeed, satisfactory evidence of a definite advance in our capacity to control the disease, provided always that the resources in skill and laboratory equipment are available, and the gain may be said to consist in this, that we now realize what, previously, we knew, namely, that enteric fever is preventible by direct measures of attack and not merely as the result of general measures of sanitation.

To this end several factors have contributed, but no one more than the recognition of the prime importance of the human host as the source of infection. The danger to the community of the patient exhibiting all the typical signs of the disease has not always been duly recognized, and still less or not at all, that arising from unrecognized cases presenting an aberrant clinical picture, or from light and ambulant cases, from convalescents and from individuals who may harbour and excrete the bacillus while giving no evidence of impaired health. And it is chiefly to Koch[1] that we owe it that our eyes have been opened to the facts in these respects, while he and his followers have demonstrated the practical application of the measures thereby indicated. A full account of Koch's views and methods for the suppression of Enteric Fever in the endemic form in rural areas was given in this report for last year,[2] and it will only be necessary here to note in its place the more recent evidence, in the course of a brief review of the more important contributions of other workers on the various aspects of the whole subject. It is perhaps not unnecessary to affirm that the problem is after all one, though indeed it has many sides, and that danger may lie in a too exclusive view of any one etiological factor. There has been some tendency to understand Koch to deny, or at least to underrate greatly, the rôle of drinking-water in infection, but this is scarcely justified. His view rather appears to be, that while water can and does convey the infection, the viability of the bacillus in water, and as a saprophyte generally, has been over-rated and that the old exclusive water-borne theory has led to concentration of effort in a direction which has, on the whole, not been justified by results: and while he emphasises the necessity of all measures of conservancy in regard to water and removal of excreta, he would alter the chief point of attack when an outbreak occurs and in the suppression of the disease in an endemic form.

A considerable body of influential testimony is accumulating in favour of this standpoint. It is evident in the remarks made by several authorities in the discussion at the Epidemiological Society, of the paper by Dr. Reineke[3] on the epidemiology of cholera and enteric fever in Hamburg and its suburbs, and still more clearly and concisely in the conclusions in which Pistor,[4] in an address to the same society, sums up the lessons of the course and distribution of the disease in Prussia during the decade 1892—1901. Briefly it comes to this, that the *bacillus typhosus* has a much shorter existence outside the body than has been commonly supposed, that it does not multiply in the soil, but is transferred from one person to another by means of water, milk, vegetables, or other food articles recently contaminated by the excreta of affected individuals, and also by direct contact; epidemics are, as a rule, due to infection of common water and milk supplies; mild unrecognized cases play a most important part in maintaining a chain of infection through successive sporadic cases, while overcrowding and general neglect of sanitation favour its propagation and extension.

Koch and Pistor alike arrive at this position, as the result of the study of the disease for the most part outside the chief urban centres, but very similar testimony is forthcoming from the great European capitals. Dr. Newman, M. O. H., Finsbury,[5] sets forth the evidence for a large and typical London borough with undeniable force, and Doenitz,[6] from the experience of Berlin, shows how manifold are the indirect sources and the vehicles of infection in a densely crowded city; and consequently, while the suppression of an outbreak on Koch's principles would encounter greater difficulties than in a circumscribed rural area the measures based thereon are the more necessary to prevent extension from each focus of infection, *i.e.*, by suppression of infection at its source. With regard to the materials at our disposal for a judgement of the methods employed and the results obtained on these lines, we have the most interesting and detailed account given by von Drigalski[7] of the operations in Saarbruck, where a bacteriological institute was established from which, as a centre, a small laboratory and staff was mobilized for work in any specially affected locality of the area of the campaign; similar arrangements were made in Treves, Metz, Strasburg and Landau. With these resources, it was possible to make a thorough survey of the locality, the essential point of departure being the discovery of all cases of infection, whether in the obviously sick, in convalescents or in the apparently healthy; it remained to carry out measures of isolation and disinfection, preferably in a hospital, until repeated bacteriological observations had justified belief in the absence of infection. The author discusses the means at disposal for the detection of cases, and while endorsing the value of the Widal reaction, affirms that its true function is to serve as an auxiliary and confirmation of the clinical and epidemiological indications. It tells us nothing of the state of infectivity, and so of the public danger of a case, and moreover, as clinical signs frequently fail or mislead, the main resource must be the systematic bacterioscopic examination of the blood and excreta of the sick and of those in contact with them. Details are given of the methods employed and particularly of the selective culture medium first introduced by the author and Conradi, to which reference has been made in this Report for 1901, and which it would appear, from this and other independent testimony, has fairly established its claim as a speedy and reliable process, which may be said to hold the field, at present, among its many rivals (see below). The author is by no means concerned to deny the rôle of drinking-water in spreading infection, and gives details of an outbreak in which both water and contact-infection operated in mutual dependance; and here again, suppression was achieved by attacking the sources of infection in man after closing the implicated water-supply. Finally, as regards the phenomena of so-called "Typhoid houses," where infection persists, the facts, when closely analysed, are to be explained less on an assumption of the viability of the bacillus in the soil, and outside the body, though the bad hygienic conditions common to such houses may lend color to that hypothesis, than by a chain of infection maintained from man to man. And this is supported by the facts of the almost universal distribution of the bacillus in the organs and blood of the sick—a septicæmia—which involves its presence in most of the secretions and excretions, and with this the well-established evidence of the infection of healthy contacts, and the important rôle of unrecognized cases and convalescents in spreading the disease. This gives but a bare summary of a paper which deserves careful study for the scientific evidence on which the conclusions are based, the practical importance of which should justify this extended reference.

As regards the operations conducted by Professor Frosch in the villages round Treves, we have the independent testimony of Talayrach[8] which agrees in all essentials with that of Drigalski. Infection by water was excluded on the epidemiological and other evidence, which, on the first examination, seemed to indicate no obvious connexion between the notified cases, but by consultation of the registers of absentees from school, of the sick-clubs and of public health, by testing the blood of each case of illness by the Widal reaction and by the bacteriological examination of their excreta, a continuous chain of infection was established between the cases. Here, again, it is said that the measures, based on the proof of " contact " infection, were crowned with success. A very similar report is given by Nœtel [9] of an epidemic in Beuthen, in seven localities of which with an aggregate population of 65,000, 927 cases with 84 fatalities occurred in May and July 1900. There were two explosive outbreaks with a month's interval between them, and this suggested forcibly the influence of water or some other common source of infection; but this view had to be abandoned on the evidence, which, with the experience gained during the operations for suppression, was held to substantiate the contact theory, immediate or mediate, by means of contaminated privies and soil. Altogether, the lesson conveyed by these examples is that of the necessity of the training and discipline of our forces, and then of a well-directed attack upon the certain sources of infection, rather than a dissipation of effort in attempts to suppress the bacillus in the environment which are so often fruitless. Finally, some support to this view is afforded from another side in an account by Conradi [10] of an epidemic of dysentery in the environs of Metz, the outbreak presenting all the now familiar phenomena of " contact " infection and necessitating similar measures for its suppression.

The bacilli in Blood, Urine, Fæces, Sputum, &c.

In direct connexion with the human host as the chief source of infection, stands the distribution of the bacillus in the body, and also its means of exit therefrom. Drigalski[11] lays stress on the view of the disease as a " bacteriæmia " rather than a local intestinal affection; *post-mortem* the bacillus is found in all tissues and organs, and in greater abundance as one ascends from the large intestine and the abdominal organs to the mouth, and thus all secretions and excretions may be expected to contain it in greater or less amount. This gives the key to anomalous and misleading cases which assume the clinical features of other diseases, *e.g.*, broncho-pneumonia, bronchitis, influenza, etc. An elaborate paper by Bezançon and Philibert [12] on extra-intestinal forms of Eberthian infection presents a considerable body of evidence on this subject, and there is an increasing number of isolated cases reported in which the bacillus was isolated from the sputum,[13] from the pleuritic effusion and other pathological secretions in which the diagnosis of enteric was not at first entertained. When we came to the presence of the bacilli in the blood, the urine and fæces of persons in one or other of the active stages of the disease we are on familiar ground, and the evidence of the danger of the two chief excreta of convalescents and of light or ambulant cases is also incontrovertible. It is even pointed out by Velich [14] that sudden death in times of epidemic prevalence may be the first obvious sign of the disease, and this is only an indication of many cases which altogether escape recognition and which are a great danger to the community as sources of infection which cannot be traced. Biffi and Galli [15] in order to ascertain if light cases of enteric (" *typhus levis* ") were etiologically one with the typical infection, performed puncture of the spleen on 30 cases with the result that the fluid obtained was sterile in 2 cases, but in 27 others the true bacillus of Eberth was demonstrated. This outline of the essential facts, which have such an important epidemiological bearing, scarcely needs to be filled in here with a detailed résumé of the literally enormous number of accounts of work by observers in nearly all parts of the world, with the object of demonstrating the presence of the bacillus in the blood, the urine and the fæces. Year by year the salient facts have been recorded in the successive issues of this Report, and the most recent work merely serves to confirm and extend them. Here it may be noted that in connexion with the ascertained limitations of the Widal reaction (see below) the early bacterioscopic examination of the blood is assuming a more prominent place in clinical diagnosis, and as an example of its value, confirmed by many similar statements, the results of Coleman and Buxton [16] may be cited. They examined the blood of 604 cases, of which 23 were classed as paratyphoid, with positive results in 453 of the whole number ; of 85 cases examined in the first week of the disease the results were positive in 79, or 93 per cent.; of 198 in the second week, 151 were positive, or 76 per cent.; of 115 in the third week, 66 were positive or 56 per cent., and of 55 in the fourth week, 18 were positive, or 32 per cent. In 10 per cent. of the total positive cases the results were obtained in advance of the Widal reaction. Some other workers [17] report positive results along with the absence of Widal reaction in a considerable proportion of cases. The evidence, as a whole, goes to show that for successful bacillary diagnosis the blood is the best source in the earlier stages, the urine in the later stages and in convalescence, while the fæces contain the bacilli in largest numbers during the second or third week of the disease, and in relapses. Drigalski [18] affirms that he succeeded in demonstrating the germs in fæces several times as early as the second and third day of the illness, and we must look to the possibility of a still earlier excretion, even in the stage of incubation before the bacilli enter the lymphoid tissue. With these facts and probabilities before us it would be safe to assume for practical purposes that a person attacked by enteric is especially dangerous to others before and after he comes into the physician's hands. In regard to methods, a reference to the best approved culture media for examination of urine and fæces will be made in the next section, and the procedure for obtaining cultures from the blood was noticed in this Report for last year.

Water, Food, Bacillary diagnosis.

If we look next to the evidence which tends to substantiate the propagative rôle of drinking-water, it is not necessarily to assert any antagonism with the views just enunciated, but to avoid the danger of the partial outlook. The experience of the past year has furnished some instances of water infection, which, both by the authority of the workers and the evidence they supply, leave little to be desired in conclusiveness. A good example may be cited in the report by Professor v. Jaksch and Dr. Rau [19] of the demonstration of enteric bacilli in the water of the river Maldau and in the pipe-water of Prague in the spring of 1904, during an explosive outbreak of the disease which furnished cases spread throughout the city in the course of a few days. The account is noteworthy for the details of the methods employed and for the results which leave no doubt of the addition of one more well-authenticated case to the scanty records of scientifically demonstrated water infection. Specimens of the water in question were, in the first place, treated by the process of Hoffmann and Ficker [20], which consists, briefly, in transforming the water itself into a nutritive medium by the addition of a solution of nutrose, and then, in the addition of solutions of caffein and of crystal-violet (Höchst) with the object of hindering the growth of *b. coli*, while favouring or, at any rate, not retarding that of *b. typhosus*. After a few hours in the incubator, plates of the Drigalski-Conradi medium were inoculated with portions of the water thus prepared, and from colonies which gave the requisite indications, bacilli were obtained to which a complete series of critical tests were applied ; these included Pfeiffer's phenomenon and the agglutination (1 in 5,000) of an authentic and independent strain of the enteric bacillus by the serum of a guinea-pig which had received an intravenous injection of an agar culture of the suspected water-bacillus, heated to 60° C. for half an hour. All tests yielded unequivocally positive results, with both river and pipe water, and the text of this research, which is clear and concise, will repay study, not only as the complement to that of von Drigalski, but for the conspectus afforded of the most recent and approved methods. It appears probable that, in this much-vexed problem of bacillary diagnosis, the processes of Drigalski-Conradi and of Hoffmann-Ficker will establish their value as the most important recent contributions to our resources within their respective spheres. Criticism is not wanting, but they have not hitherto been impugned on essential points and it must always remain true that no process will avail without the requisite skill and judgement in its employment. And, doubtless, finality has not been attained ; of the most recent attempts at improvement two fall to be noticed as promising to justify their authors' claims to some extent when used in the appropriate circumstances, *viz.*, the malachite-green-agar of Lentz and Tietz, [21] another selective medium which acts by retarding the growth of *b. coli* while favouring that of the enteric and paratyphoid classes (A and B), and secondly, the fuchsin-agar of Endo [22] which differentiates the colonies of *b. coli* from those of *b. typhosus* by the property of acid production inherent in the former with resultant red coloration, while the latter remain colourless. These new media appear to have a sphere of usefulness in examinations of the stools, possibly, as supplements or complements of the Drigalski-Conradi process ; simultaneous comparative tests of all three have been carried out by independent observers, with results that confirm their value, but more experience is required for an estimate of their relative advantages.

With this exemplary case of Prague before us, it would be tedious, and scarcely profitable, to give details of half a dozen other more or less well authenticated cases of water-borne infection, accounts of which have appeared during the past year. One of the most careful and exact pieces of work is that of Conradi[23] who appears to have succeeded in demonstrating the bacilli in well water, their identification being established by a study of the morphological and cultural characters, by agglutination with specific serum, by the positive results of the Pfeiffer reaction, by their virulence for animals and by the specific protective action for those of an anti-typhoid serum. The epidemiological facts supported the bacillary diagnosis, and the account is noteworthy for a concise summary of the history of similar work and results. In a paper [24] published three months later the same author gives some astonishing results of his experiments on the viability of *b. typhosus* in water, but this account lacks the precise detail which marked the former one, and by which alone an estimate of its value could be formed. Briefly, he affirms that when portions of a spleen from an enteric case were inserted in pipe water and kept at 37° C., the bacilli were recovered after 542 days ; when sterile and distilled water were employed, the bacilli were recovered after 429 days. Control experiments with enteric cultures showed a viability extending to 420 days in pipe and in distilled water and to 30 days in sterile water. He notes a change in the biological properties of the organism, owing to its sojourn in water, as shown by the formation of a pellicle on the surface of broth when transferred to that medium, and to this change he attributes the difficulties encountered by others in demonstrating the bacillus in water. The briefest allusion to two outbreaks of the disease (in Riga[25] and in Kingston, Canada[26]) which were traced to the pollution of river-water may take the form of a reference to the original authorities, and finally, on this subject the reader may consult Professor Lorrain Smith's careful study of the etiology of enteric fever in Belfast[27], in which fæcal pollution of a catchment area is held, by a process of exclusive reasoning, to be the source of the specific contamination of a portion of the water-supply of the city.

Coming next to the recent accounts of alleged infection by food, such as raw vegetables (water-cress), oysters, mussels and fried fish, there is naturally little or nothing to be affirmed on the basis of bacterioscopic examination of the incriminated articles, and the case for a positive verdict rests almost entirely on circumstantial evidence and on a process of exclusion of other sources of infection.[28] Reference has been made to the views of Pistor for Prussia, 1892—1901, of Doenitz for Berlin and of Newman for London, and the interim Report of the Royal Commission on Sewage Disposal issued last January is not only important in regard to the evidence of the extent of the mischief caused by sewage—contaminated shell-fish, but also for its discussion of the vexed question of the bacillary criterion of specifically polluted water. McWeeney's report to the Local Government Board, Ireland,[29] is a valuable contribution to the same subject. The general conclusion of the work and opinions of the best authorities may be stated as follows : " mere numbers of *b. coli* or any other particular micro-organism of sewage cannot be said to have anything approaching an exact value as an indicator of the danger of disease " from shell-fish. Klein " would not reject oysters as polluted with human sewage on account of the purely bacteriological examination " yielding *b. coli*, and he emphasises the paramount necessity of a topographical survey for the formation of a judgement ! and here the matter rests, for the present, with the declaration that further research is necessary. There is, however, something more definite in the statement made by the medical officer of the port of London in his report for 1903,[30] that cockles, which had lain in Leigh creek, Essex, to which the effluent from " biological " sewage beds has access, were found by Klein to contain the typhoid bacillus, or at any rate, a bacillus answering to all the tests of the *b. typhosus*. It is significant that an independent local medical authority had previously suggested that cases of enteric within his jurisdiction were probably due to the consumption of cockles from Leigh.

It may be noted here, in connexion with the contamination of food and as having a direct bearing on the previous discussion of contact infection, that Winslow[31] reports having examined, bacteriologically, the hands of 111 persons, chiefly students and professors, and that of this number ten proved to harbour *b. coli*; the hands were immersed in sterile water and portions of this were subsequently cultivated on the ordinary media. With regard to milk, nothing demanding special notice has been reported since Schüder's discussion of the subject and Bruck's experimental work on the artificial infection of milk, butter and cheese, both of which were noticed last year. A small outbreak of enteric at Tregantle Fort, Plymouth,[32] was considered to have arisen from contamination of the milk at a farm, the proprietor of which was the local contractor for the removal of sewage, and he appears to have used the close neighbourhood of the dairy as a dumping ground for fæcal excreta.

Clothing, Soil, Dust, Flies.

The medical officer of the port of London (Report, 1903[33]) gives a detailed account of the conveyance of the disease to the port by infected blankets from the field of war in South Africa, a matter which, in another connexion, received notice in this place last year. The danger of the contamination of boots by foul soil and in foul privies, etc., must also be borne in mind, especially for those who have to clean these articles. Doenitz[34] from the experience of Berlin notes the tracing of infection to soiled bedding and clothing.

The risk which children run of infection from their habit of playing on the bare soil and of applying their hands to their mouths has been suggested notably by Koch and his followers, and those in contact with them may often thus derive the disease.

Those who hold by the theory of dust-borne infection are still deriving their evidence and conclusions chiefly from the experience of the South African war, *e.g.*, Tooth[35] and Caldwell.[36] With regard to the question of the rôle of flies as disseminators of the disease, Austen[37] gives a summary of the evidence which has accumulated during the last few years, based chiefly on the experience of recent campaigns, and on experiments which have been noticed in previous issues of this Report. He then reviews the characteristics, life-history and general binomics of the commonest latrine-haunting species, noting that one, the "house-fly," is as common in India as in South Africa. As to the practical issues, he says that it is not sufficient to insist upon the necessity of promptly burying all refuse, horse-dung, offal, etc., in which flies may breed, of the disinfection of latrines and the effective use of dry earth therein. What is required is some simple means, adapted to service conditions, of preventing the access of the fly to the latrine for however short a visit, and he suggests the employment on latrine trenches of light metal covers, which should be provided with apertures closed by spring flaps, to be operated by the feet of the users.

Hamilton[38] gives an account of some experiments made with flies caught in infected houses and their surroundings during an epidemic in Chicago in 1902; in five out of 18 cases the results of cultures, on media contaminated by these flies, were successful in the recovery of the *b. typhosus*, and altogether 12 different micro-organisms, mostly of the *coli* group, were isolated.

Paratyphoid fever and the agglutination test.

The extended application of biological reactions in diagnosis has led to the attempt to differentiate on the etiological side the large group of cases of the enteric class which on clinical grounds were formerly held to represent one pathological state. Hints to this end were furnished by the so-called light, aberrant and abortive cases of enteric fever, and also by the modifications in the pathological lesions found *post-mortem*; but it is chiefly owing to the development of the technique of the blood-serum reaction and of our knowledge of its true value and limitations, as also to improvements in methods of bacillary diagnosis, that we are now able to distinguish between true enteric fever due to the bacillus of Eberth and a class of clinically more or less similar fevers, the effective agents of which belong to a series of floral forms intermediate between *b. typhosus* and *b. coli*. One by one these forms have been isolated and their morphological and biological characters studied comparatively and endeavours have been made to classify them more or less definitely, if provisionally.

It is impossible to discuss this side of the question in detail in this place, but it may be said that so far the whole series may apparently be included in one or other of the following groups, *viz.*, (*a*) organisms of meat poisoning, the bacilli of Gärtner, Basenau, Fischer, Cotta and others; (*b*) those which give rise to an obscure form of pneumonia in man and to disease in parrots, *B. psittacosis*;

(*c*) those apparently non-pathogenic to man, *B. typhi murium* (Löffler); (*d*) the paratyphoid group, represented by several members, with more or less close affinities and at present described by the names of their first observers.

These last present certain minor biological differences among themselves and in virtue of these they have been provisionally divided into two classes, A and B, the former of which approximates, in most respects, more nearly to *b. typhosus*, and the latter to *b. coli*. In regard to their distribution in the tissues and organs of the infected and in the excreta, they are as abundant and widespread as in the case of true enteric which in these respects they closely simulate, and for their isolation and identification precisely similar methods are in use. As regards the serum reaction for clinical diagnosis, the bacilli isolated may be tested, on the one hand, with an authentic human or animal paratyphoid serum, and, on the other hand, the serum of a doubtful case should be tested with authentic strains of *b. typhosus* and the different members of the paratyphoid class. The weight of evidence, which is abundant and daily accumulating, goes to show that while paratyphoid serum will often agglutinate *b. typhosus* it always acts upon the paratyphoid bacillus, which is in causal connexion with the attack, in very much higher dilutions, a distinction most marked at the height of the disease. The pathological results of infection are, as a rule, conformable to the clinical effects; that is to say, the picture may frequently stand for an ordinary case of true enteric, but, as a rule, there are modifications due to the absence of one or other typical feature of the latter, *e.g.*, a lack of the classic lesions of the small intestine and mesenteric glands, while the tendency to pneumonic complications, to hæmorrhages and to pyæmic deposits is perhaps more marked.

It is also notable that there is frequently local reaction and ulceration in the upper parts of the large intestine, so that, roughly, one may perhaps distinguish a tendency to a bridging of the interval between the pathological *facies* of enteric and dysentery, the causal agent of which last has certain biological affinities with the whole group under discussion. On the epidemiological side the chief points of interest are the persistence of the bacilli in the excreta of convalescents; the fact, now established on good evidence that some, at least, of the organisms can maintain their viability in water and in milk and meat (and one sub-class, as we have seen, is specially associated with meat poisoning outbreaks), and also the tendency of the disease to appear in relatively small epidemics. Lastly, a good many cases of mixed infection have been described, the paratyphoid organism being found in conjunction with the influenza bacillus, with streptococcus and with true *typhosus*. The best and most reliable example of the last is a case described by Conradi[1], who affirms that to prove mixed infection it is necessary to demonstrate both organisms, not only in the body of the sick but also in the medium of infection, as he appears to have succeeded in doing.

Beyond the intrinsic practical interest of the subject, for a general discussion of which the reader may refer to papers by Clemens[2], Kayser[3], Firth[4], Fischer[5] and Drigalski[6], the work here summarized derives a special interest and value from its bearing on the problems of serum agglutination. The discovery of the reaction commonly associated with the name of Widal was hailed at first with extravagant hopes from which there have since been signs of reaction owing undoubtedly to lack of precise knowledge of the bio-chemical forces in operation, and to a too exclusive reliance on its indications apart from a consideration of the whole clinical and pathological evidence, and frequently in the absence of supplementary bacterioscopic research. It is on this account that the summary just given of the present position of opinion on the paratyphoid question must be received with a certain reserve, for it is based very largely on the results of a single test which, in some respects, has proved itself to possess only a relative value for clinical diagnosis. It is not denied by any competent authority that it is certainly a valuable aid to diagnosis, that it is indeed, indispensable, and it may well prove that as knowledge grows, we may see in its very limitations surer evidence of its true worth. Failure has often been the result of haphazard methods and a lack of appreciation of the obscure differences that mark different strains of the same organism obtained from different sources and kept up under varying conditions in the laboratory; and similar variations of a bio-chemical nature have to be regarded in the reaction of the tissues of the organism which provide the conditions for agglutination. The difficulty in obscure atypical cases is indeed threefold, for to the above we must add that of the personal equation of the observer, and what is essential is a judicious estimation of the reaction in the particular case in question, based on a critical survey of the whole evidence. This is enforced by the fact, which appears to be well established by Jürgens[7], Brion and Altschüler[8], and Stern[9] in their studies of agglutination curves during the course of the disease, that maximum agglutination values may be given by the serum with bacilli which were shown to have no etiological relation to the illness, and further, that the specific agglutination value is not invariably above that of the group agglutination, which, indeed, cuts at the root of the rationale of the differentiation of paratyphoid and enteric fevers. While this gives pause to our acceptance of many published results and opinions, it does not indicate that we are at the end of our resources; such cases are relatively few, and apart from the effect on the serum reaction of mixed infection which may be in operation, it is precisely herein that Castellani's procedure (exhaustion of the agglutinins) and Pfeiffer's phenomenon are available and probably conclusive. The conclusion we may draw is that, while in the laboratory we can more or less control the factors in operation, the problem of clinical diagnosis may be complicated by the individuality of the case; no single test or symptom can be relied on, but that of Widal will maintain its great value when its results are read in the light of the whole clinical and pathological syndromata, and beyond this, it will, in the great majority of cases, possess a relative value to the patient, the clinician, the epidemiologist by furnishing signs of specific infection, present or past. In using it, any idea of the indications of specificity from arbitrarily fixed dilutions must be abandoned; in each case the observer must exhaust the limits of the reaction of the serum on different micro-organisms of authentic identity and origin which may enter into possible etiological connexion with the case, and so refer not to "negative" or "positive" results but state the facts.[10]

It would seem, also, that any simplification of the serum test, that does not involve loss in accuracy, would prove more profitable than an ever-increasing complexity of technique, with its tax on the judgement of the observer. And to this end, it would appear, from the unanimous consensus of a large and increasing number of reliable authorities who have used it in comparative tests with the ordinary Widal procedure, that Ficker's[11] so-called "diagnosticum" has established its position. This appears to consist in a suspension of a culture of *b. typhosus*, killed by heat at about 58 C., in 10 per cent. solution of glycerine to which some carbolic acid or formalin is added. Along with the abundant and strong testimony to its delicacy and reliability, often exceeding that of the ordinary test, it is recommended for its simplicity and its availability to the clinician in the absence of laboratory resources, and altogether specially adapted for work in military hospital practice.

Preventive Measures.

The preventive measures based on the foregoing considerations have already been indicated, but may be summarized briefly in this place. For an effective and systematic campaign against enteric fever we must take account of every possible mode of transmission and form of the disease, and this is especially the case where, as in India, we are unable to discover and control all sources of infection. While taking this view of the problem, which is indeed the problem of general sanitation, it is obvious that as we stand at present, with the disease actually confronting us, the most effective line of action will be to endeavour to prevent the dissemination of the infection from its sources in the human body, while, as far as possible, guarding against the more general and problematic avenues of infection in the environment. As regards the first object, the guiding principle is the prompt recognition of all cases of infection, whether in the persons of the sick or of convalescents, while, at the same time, the special danger from light, ambulant cases and from apparently healthy contacts is not overlooked. To be effective, this work requires the devotion of skilled bacteriologists with laboratory resources, not only for technical diagnostic purposes, but also for local enquiries into the etiological problems involved, with a view to prevention, an aspect of the case which derives special importance in India from the absence of practitioners in the service of the civil population. With recognition must come prompt isolation of the infected person, and disinfection and proper disposal of all his excreta, and of all objects in contact with him, throughout the course of the infection and until there is reasonable evidence of its termination. Disinfection of the home or place previously occupied by the case is also essential, and it may be necessary to secure this by its evacuation for a definite period. Attendants and others in contact with the case must be instructed in measures of personal disinfection, and previous contacts must be carefully watched for signs of infection. Communication must be cut off with places of common resort, *e.g.*, latrines, refectories, etc., and with other localities, cantonments, etc., as far as those who may reasonably be deemed infected, or possibly infected, are concerned. In the case of a fatal event, the strictest sanitary precautions must be taken for the safe disposal of the corpse. For the rest we must look to the strict supervision and control of the food and water-supplies and to conservancy as regards the prompt and effective disposal of sewage and other refuse. Under the peculiar conditions of the European soldier's life in India, we are not at present justified in hoping that the most effective measures of suppression will result in complete prevention, and there can be no question of the great value to the individual and to the state of an effective means of prophylaxis by "inoculation," and with this, the promotion of all measures calculated to facilitate the physiological adjustment of the young Briton to the strange and trying conditions of the new environment, during the first year of service therein. It is understood that Dr. Wright's anti-typhoid inoculation process, which has been commended by a Committee of the Royal College of Physicians, is to be further submitted to the examination of a body of experts under the auspices of the Army Council and a definite pronouncement on the various questions involved may shortly be expected. Work on this subject has been reported during the year by Shiga,[1] Wassermann[2] and Bassenge and Rimpau,[3] and Wright[4] has given a clear and full account of his methods and results, which affords an admirable résumé of the scientific basis of the procedure.

Opinions of Medical Officers.

10. Turning now to the experience and work in India during 1903 we find that Medical Officers, who see most of the disease at close quarters, have little definite evidence of a direct kind to offer for the solution of the problems of the particular outbreaks they had to deal with. In no single instance can it be said that the source of infection was conclusively traced, but in their accounts of the local conditions and of the circumstances attending the occurrence and course of the disease there is certainly no lack of evidence of the operation of all the etiological factors we are led to associate therewith. There is the usual reference to the youth of the men and to their special liability during the first period of service in the country, and beyond this, opinion appears to be unequally divided as to the relative importance of the conditions which determine the risk and actual acquirement of infection. The general tendency is still to look to the bazaars, villages, and to the environment beyond cantonment limits as the pre-eminent foci of danger. In default of more direct evidence, it is most commonly assumed that infection was derived from articles of food and drink consumed in, or obtained from, native bazaar dealers, or while travelling to join their regiments, or on the line of march between cantonments. As regards the last contingency, the hill stations afford abundant and indubitable evidence of importation, though it is not always clearly demonstrated that the disease was acquired *en route*, rather than from the cantonment of departure. There can be little doubt, however, that direct importation from one infected cantonment to another is a frequent occurrence and a very real danger. The medical officers of more than forty stations refer to importation as the source of part or the whole of the disease with which they were concerned, sometimes as introduced by new drafts from home, or as carried by the men from the plains to the hills, in which cases, convalescents are sometimes implicated, or, reversely, introduced into cantonments in the plains by men returning from hill stations in the autumn, or, lastly, by transfers in the plains. It is impossible to ignore the fact that wherever originally derived, many stations constitute endemic foci, which are a potent source of infection for the inhabitants and for men on first arrival, and of danger by dissemination to other places by the constant movements described. These circumstances lend importance to a growing body of opinion, for which the reports of the last few years are notable, which would point rather to the sources of infection within cantonments; stress is laid, and not unduly, on the defective methods of conservancy that prevail, on the improper structure of latrines and urinals and on the very inadequate methods of removal and disposal of excreta. The careless habits of the men, the plagues of flies and dust which are regularly recurrent phenomena in the majority of stations, and the difficulties experienced in protecting food and water from contamination, all derive their importance from this common source of danger. It is notable that one or other aspect of this view is emphasized in the reports for 1903 on the outbreaks in eleven of the chief endemic centres,* where 54 *per cent.* of the total number of cases occurred, and this does not include all the minor refer-

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* In Umballa, Meerut, Lucknow, Nasirabad, Mhow, Poona, Rawal Pindi, Peshawar, Bangalore, Jhansi and Kamptee.

ences to the subject. In the light of the work which has recently been accomplished in connexion with the etiology of the disease these considerations acquire the greatest force; a too ready acquiescence in an exclusive view of sources of infection from outside must lead to lack of concentration of effort for the reform of insanitary conditions with which the men are in constant and immediate touch. The first step in the application of the principles, which are established by the facts previously summarized, must be in this direction, as striking at the root of the chain of infection.

For the rest, the records travel over familiar ground; the medical officer, as a rule, has to confess himself at a loss for conclusive evidence of the actual origin and means of infection, and so falls back on an enumeration of possible or probable sources, or, by process of exclusion, arrives at one or other most probable source for the case in question. In at least nine stations the drinking-water was reported to be open to suspicion, or was even condemned as polluted, while in as many other instances, it was declared to be beyond reproach; the practice of boiling before issue is generally maintained, but the methods of storage and distribution do not invariably preclude the risk of contamination and, indeed, sometimes promote it. The majority of the cases at Quetta were attributed to the drinking of water from unauthorized sources by men when on manœuvres, in camp, or on the march. Attacks were thought to be due to the consumption of milk purchased from the bazaar, in three or four cases only, and the exact evidence available for direct contact infection, as by attendance on patients in hospital, does not account for more than half a dozen. A few officers record their opinion of the danger of clothing and bedding which had been used by patients before admission to hospital and subsequently issued to others, and the provision of steam laundries in connexion with station hospitals is suggested. The proximity of native communities and the constant sources of infection provided by the traffic therewith is constantly referred to, and followers and servants who live in the lines are sometimes condemned, not only as importers of the virus from without, but as providing all the elements of danger in themselves and within the fold. It may be noted, finally, that the serum-test does not appear to be employed as a routine procedure in more than a minority of the stations, but among these are the chief endemic centres of the disease.

Results of special sanitary investigations.

11. For the Punjab Command, Major Weir, R.A.M.C., furnishes a report which deals with the usual questions of the purity of several water-supplies, both new and old, and with the results of his bacteriological and chemical analyses which, however, do not call for detailed notice. He points to the danger of infection from plunge baths under the conditions which exist for the renewal and disposal of the water, which are not satisfactory. An experimental extension of the provision of steam apparatus for the disinfection of the clothing of enteric fever patients has given satisfactory results, and the method of boiling enteric excreta is recommended in place of burning as being cheaper, quicker and altogether more effective. But the chief value of the report lies in the Sanitary Officer's discussion of the etiology of enteric fever, which three years' experience leads him to believe is very largely dependent on direct contact and on infection acquired in the latrines and urinals, the structural conditions and working of which he condemns on detailed evidence which is convincing of the necessity of speedy reform. In regard to both these sources of infection he offers recommendations which

deserve every consideration, and in no respect is his advice more pertinent than in his suggestions for the instruction and training of sanitary inspectors for cantonments. The problem of the arrangements in cantonments for the deposit, the removal and disposal of excreta is one of permanent and pressing importance and demands prompt and earnest attention.

Major Aldridge, R.A.M.C. (Bengal Command), in discussing an outbreak of enteric fever at Meerut, comes to similar conclusions as to the probable source of the infection in the latrines and the dry methods of removal of excreta. In the lines occupied by the regiment affected, it is said that within 30 yards, and in one case within 18 yards, of each kitchen there is a latrine, and that the latrines, the open refuse pits and the kitchens literally swarmed with flies during the outbreak ; the soil of the trenching grounds around the cantonment contains innumerable larvæ of flies, and being light and dusty was easily and constantly blown about by the wind, which set towards the barracks. In connexion with the spread of enteric by infected dust, Major Aldridge gives details of his experiments by which he was able to recover *b. typhosus* from dust on the 1st, 4th and 9th days after it had been artificially infected with urine from a case of the disease. He supports Major Weir in the recommendation to destroy infective excreta by boiling rather than by incineration. Beyond details of a large number of analyses of water and food materials and of clinical investigations the work in which has greatly increased, the report deals with the causes of the prevalence of malarial fevers at Delhi, and of the exceptional sickness and mortality at Barrackpore, and with the practical measures indicated, many of which have already been carried out.

The report of Major Elliott, R.A.M.C., for the Bombay Command is valuable for its careful presentation of the conditions under which enteric fever prevailed in three stations which have a lamentable record in this respect, *viz.*, Mhow, Nasirabad and Poona. As the Sanitary Officer himself says :—" nothing new as to causation has been discovered," but the numerous details he gives of faulty conservancy, defective cooking arrangements, and of risk of pollution to the water-supplies, familiar as they are, leave little doubt on this question which it does not require refined bacteriological research to dissipate. The recommendations are simple and practical, and certainly no immunity can be expected while so many obvious avenues for infection lie open. There is no need for a detailed summary of these, in this place, as they have been alluded to in previous reports and confirm the general statements made in paragraph 10 of this issue, but it may be said that Major Elliott is especially justified in his remarks as to the paramount necessity for the enlistment of the interest and intelligence of commissioned officers and all ranks in the work of education and reform and in co-operation with the medical officers therein. The report includes notes on the provision of steam disinfectors, on experiments on the biological treatment of sewage and sullage, and on the incineration of excreta.

Major Melville, R.A.M.C., in his report of the work in the Madras Command, gives details of outbreaks of enteric fever at Bangalore and at Wellington, in the course of which he adds his testimony to the view of the prime importance of the " improper and inefficient removal and disposal of human excreta " for the origin and propagation of the disease in the former cantonment. And certainly, his description of the methods of conservancy in vogue there makes it clear that even if it be granted that the evidence tends, on the whole, to implicate certain restaurants in the town as the immediate sources of infection in this series of cases, all the conditions of an outbreak are provided or have been, present in the more immediate environment of the troops. At Wellington the disease attacked 8 officers in such rapid succession, all the cases being reported within 10 days, that the Sanitary Officer, in default of any more definite evidence, was led to ascribe the infection to a common source, in all probability to the consumption of contaminated salad vegetables eaten at the mess to which all but one of the patients commonly resorted. The close aggregation of these officers in insanitary quarters was doubtless also a factor that cannot be left out of account.

Enteric fever in 1903. Appendices A, B, and G, Table IV.

12. The main facts concerning the extent and distribution of the disease during 1903 may now be summarised briefly. The admission-rate after having risen, with slight fluctuations, to the highest point (36·9 *per mille*) in 1898, fell rapidly and steadily during the next three years to 12·8 in 1901, the lowest point since 1885*, previous to which the completeness of the returns is open to serious doubt. In 1902 the tide returned and the rate of that year, 16·7, has been followed by one of 19·6, which, however, with the exception of the three previous years, is the lowest since 1890. These striking movements and the salient features of the rate-curve can be referred in the main, firstly, to the effects of the Frontier campaign (1897-98) on an army largely composed of men at the most susceptible ages, hence the enormous admission-rate of 1898; and, subsequently, to the marked modification in the human material exposed to risks in India, as the indirect result of the Boer war. From 1890 up to the winter of 1898-99, between 15,000 and 16,000 young men were imported into Indian cantonments every year; then for two years the numbers fell off to about one-fifth and one-third, respectively, of that average, and we see enteric fever at the low ebb. And lastly, with a return of the drafts in the last three years, in greater numbers than ever, the rates rise significantly, if not proportionately. The amount of susceptible *personnel* must always be a chief factor in determining the prevalence of the disease, provided that it is exposed to infection, and the final result will vary with the more or less effective interaction of both these factors. Notwithstanding the rise in the admission-rate, the mortality fell off slightly from 4·29 *per mille* in 1902 to 4·19 in 1903; the case mortality was lower to the extent that in every 1,000 cases, 43 more men recovered in 1903 than in the previous year.

There were, in all, 1,384 cases reported with 295 deaths during 1903 as compared with 1,012 and 260, respectively, in 1902; the average duration of a case was 54·35 days and the average number of men constantly sick was 206·07, so that the total loss of service due to enteric fever alone, in 1903, was 75,216 days.

Enteric fever in Commands and geographical groups. Appendices A and B, Table VIII.

13. The disease was more prevalent in all the Commands, those of Bombay and Bengal yielding the highest ratios. As regards the geographical groups, Central India (VIII), Upper Sub-Himalaya (VI) and Gangetic Plain (V) stood at the head of the list, all showing a considerable increase in their rates as compared with 1902, and, as regards the first two, with the corresponding decennial means. In these three groups, which may be considered to comprise the chief endemic area, there were 16 stations from which rates above 20 *per mille* were reported, 11 stations with rates above 30, and 7 above 40 *per mille*. On the other hand Bengal Orissa (IV) and Western Coast (X) did not, together, furnish more than 3·3 cases *per mille* of strength.

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* It was 12·, in 1887.

Enteric fever in stations. Appendix C, Tables III and IV.

14. From 29 stations rates of over 20 *per mille* were returned, as was also the case in 1902, and among these the following may be noted, with their admission-rates *per mille* :—

In Group VIII.		*In Group VI.*		*In Group V.*	
Nasirabad ...	121·8	Meerut ...	50·4	Dinapore ...	49·7
Indore ...	52·6	Umballa ...	49·4	Lucknow ...	37·7
Mhow ...	48·0	Sialkot ...	32·6	Cawnpore ...	21·3
Neemuch ...	41·0	Delhi ...	23·5	Fyzabad ...	20·2
Jhansi ...	38·7	Rawal Pindi	23·0		
Nowgong ...	35·0	Roorkee ...	21·2		

The list also includes Peshawar (33·8) and Jubbulpore (42·1) lying just beyond the areas broadly indicated, and, in addition, eight hill-stations. The special points of interest in connexion with all the more important outbreaks have been summarised in previous paragraphs.

Relation of enteric fever to age and length of residence in India. Tables XV and XVI.

15. In 1903, as in previous years, the greatest liability to suffer and die from enteric fever fell upon the age-period, 20 to 25, and upon the first year of Indian service ; the extent of this liability may be estimated by the fact that the admissions for men up to 25 years of age, that is, on half the total strength, amounted to nearly 76 *per cent.* of the total admissions at all ages, and that nearly 74 *per cent.* of all cases occurred among men during their first two years of Indian service, *i. e.*, on 43 *per cent.* of the strength. A feature of the returns for the last five years, a period of comparatively diminished prevalence of the disease, is the noticeable tendency to a rise in the admission-rates for the higher age and service periods. For example, while only 0·2 *per cent.* of the total cases occurred among the men over 35 years of age, who formed 3 per cent. of the strength in the triennium 1896-98, the ratio rose to 0·48 on 4 *per cent.* of strength in 1899-1901, and further to 0·6 on 4 *per cent.* of strength in 1903. Again, while in 1896-98 5·4 per cent. of the total admissions were from men with five years' service and upwards, *i.e.*, on 18 *per cent.* of the strength, the ratio for the following triennium was 14·0 on 29 *per cent.* of strength, and for 1903 it was 11·6 on 23 *per cent.* of strength. That is to say that, comparing the last year with the first period, the incidence on the highest age-periods is nearly two and-a-half times as high, and that on the highest service periods is nearly twice as high. These results may be due partly to more accurate diagnosis, or, perhaps, to a diminution of the acquired immunity in the older men, owing, possibly, to decreased prevalence of the disease in Great Britain during recent years.

Plague and some other general diseases. Table LIII.

16. With plague epidemic among the native civil population in far greater extent and amount than in previous years, it was to be expected that the number of casualties would rise among the troops located in proximity to the native communities affected. In 1901 there were two cases recorded with one death ; in 1902, four cases with one death, and in 1903 the numbers were twelve and two, respectively ; but although the disease prevailed widely among the general public in every Command area, it was only in those of Madras and Bombay that the troops were attacked. Bangalore and Belgaum yielded one case each, one being fatal, and

Poona, Ahmednagar, Kirkee, Mhow and Neemuch furnished altogether 10 cases with one death at Mhow, in which the disease took the pneumonic form. At all these places plague prevailed in epidemic form among natives either in the bazaars or in the neighbouring towns, and in most cases evidence was forthcoming of actual contact with cases. There were altogether 20 admissions with two deaths from measles, the majority occurring at the two hill-stations, Chaubuttia and Dagshai. To erysipelas were attributed 69 cases with two fatalities, the Bengal and Punjab Commands being chiefly affected. Out of the 26 admissions and 6 deaths from beri-beri, 9 and 3, respectively, were reported from Thayetmyo (Burma), and 9 and 2, respectively, from Aden. In the former series, which followed on six cases in the previous year, peripheral neuritis and cardiac dilatation and embarrassment were the main symptoms, and the men who succumbed were "noted as large beer drinkers," but analysis of the beer for arsenic gave negative results. The Aden cases were associated with a larger number of admissions for multiple neuritis which are separately returned, the diagnosis of beri-beri apparently resting on the accompanying symptoms of disordered action of the heart, cardialgia and cyanosis, the men who died sinking suddenly with fatal syncope. The medical officer in charge is unable to throw any light on the cause of the disease. There were altogether 303 cases of dengue, or 5 in excess of the number in 1902; the disease was confined to three stations in the Madras Command, and to three in the Burma district, Fort St. George (Madras) with 82 cases, one fatal, Rangoon 151 cases and Thayetmyo with 59 cases being the centres chiefly affected, as was the case, as regards the last two, in the previous year. The disease is said to have prevailed in epidemic form from May to August and to have been generally of a mild and ephemeral type, and as noted in this report for 1902, it was believed to have been imported into Burma by Chinese immigrants from Hong Kong. As regards the Madras cases, which occurred during the first six months of the year, the medical officer mentions the theory of importation from Rangoon, to discard it, in favour of his view of its endemicity in Fort St. George; during the outbreak among the troops many of civil residents in the city, both native and European, also suffered.

Mention has been made (paragraph 2) of the very considerable loss sustained by the invaliding of 158 men on account of *Bilharzia hæmatobia* [3]; altogether 318 cases, with one death, were reported from 33 stations which are included in all four Commands and the Burma district. As regards 293 cases, it is definitely stated that the men had arrived from service in South Africa, but the reports do not indicate what interval, if any, elapsed between arrival in India and the detection of the disease, save in the instance of Deolali where 126 cases were received from South Africa as convalescents and none of these were invalided during the year. One case, admitted in Mian Mir, is important as the medical officer attributes the infection to local origin. The man had never served in Africa, which, with Arabia, so far as is known at present is the chief endemic home of the parasite,[1]* but some three months previously another man of the same regiment, who had served in the Boer campaign, had been transferred to a hill-station on account of the disease. No other cases occurred at Mian Mir and it is said that the two men in question "had not been in contact in any way." However this may be, the future course of events must be watched with solicitude; it does not however necessarily follow that with the ova of the parasite scattered in many cantonments, the conditions for its development and propagation are present in India. Previous to 1902, when 51 cases were recorded, all, it is believed, due to importation from South Africa, the returns are blank in respect of the disease. Hatch[2] has recorded several cases which he observed among natives in Bombay, chiefly Muhammadans who had made the pilgrimage to Mecca, and he remarks (1887) that "the disease appears to be more common than formerly," and on the evidence of one case, he suggests that the interval between infection and the onset of active symptoms may be something under eight weeks. Scheube affirms that Indian coolies from Madras and Bombay are not seldom attacked in Cape Colony, and as these emigrants are constantly returning to India they probably disseminate the ova in their home surroundings. Nevertheless, the disease is not, apparently, recognized among the indigenous native population, though it is true that only a small proportion of the sickness occurring outside the urban centres, comes under skilled observation.

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* Cases have also been observed in Mauritius, Syria, Cyprus, Mesopotamia, Penang, Shanghai; one case in North America and one acquired in the West Indies.—(*Scheube*).

Many medical officers took the precaution of incinerating the urine of these cases, a measure which should never be neglected and should of course extend to the alvine dejecta. One case is reported where intestinal hæmorrhage together with a tumor in the rectum led to a suspicion of malignant disease, but the microscope revealed a mass of the ova in a matrix of mucous and fibrous tissue.

Tubercle of the lungs. Appendices A and Q, Tables III and IV.

17. There was no change in the admission-rate on account of tubercle of the lungs for the European army as a whole, and for three successive years it has stood at 3·4 *per mille*, while the corresponding death-rates were ·46, ·59 and ·24 *per mille*, respectively, the last being by far the lowest on record; this is due to a fairly equal diminution in the case mortality in all the Commands, save Madras, where the death-rate is generally lowest. On the record for the quinquennium, the Bengal Command stands out with the highest mortality for both European (·71) and native troops (1·10), and the province of Bengal occupies the same place in the Jail Statistics. But in the last two years, so far as the army is concerned, the Bombay Command has returned admission and death rates which are considerably above the average for the rest of India. This is probably due to the returns from Deolali, where men are received from all parts of India prior to their embarkation for home, and cannot be taken to represent any special incidence of the disease on the station or the Command. The death-rates of European troops, native troops and prisoners during the year were in the proportions of 5, 14 and 81, respectively.

Pneumonia and other respiratory diseases. Appendices A, B, K and Q, Tables XII, III and IV.

18. In 1902 the admission and death rates from pneumonia were much above the average, being 5·9 and ·97 *per mille*, respectively, but they fell in 1903 to 4·6 and ·57, the corresponding decennial means (1893—1902) being 4·2 and ·64 *per mille*. The more favorable results were almost entirely due to the diminution of the disease, and especially of the case mortality, in the Punjab Command, where, as a rule, the incidence is highest, and the Upper Sub-Himalaya group (VI) takes the first place this year as in the previous one. Attock Cantonment, where the range of temperature is very great and the winter temperature very low, furnishes rates this year of 35·7 and 8·93 *per mille*, which are unequalled in any other station. For the country as a whole the months of maximum prevalence were January and February, while fewest cases occurred in July, August and September. It may be noted, for comparison with the

decennial means given above, that the corresponding rates for native troops, were admissions 14·7 and deaths 3·31 *per mille*, that is, three and-a-half and five times greater respectively.

There was a slight decrease in the admission-rate from other respiratory diseases as compared with the previous year, *viz.*, 20·5 against 22·5 *per mille*, the corresponding death-rates being ·21 and ·25 *per mille*, and here again it is the decrease in the Punjab Command which accounts for the difference. As regards the geographical groups, Burma Coast (I) and Bengal-Orissa (IV) where influenza was at its worst, yielded the largest number of cases in proportion to strength, and the stations to which this statement applies were Sitabaldi, Rangoon, Shwebo, Poonamallee and Kasauli, all with admission-rates above 50 *per mille*.

Dysentery and diarrhœa. Appendices A, B and Q, Tables XIII, III and IV.

19. There has recently been a steady diminution in the admission-rates on account of dysentery; the mean for the period 1896—1900 was 30·7 *per mille*, and this has fallen in the three succeeding years to 21·3, 20·4 and 16·9, respectively, the corresponding death-rates ranging from 1·10 for the quinquennium quoted to ·70 in the year under review. The Burma district in 1903 takes the highest place which is usually occupied by the Bengal Command, while the Punjab has the lowest admission-rate, and Bombay the lowest death-rate; Table II will afford the best view of the contrasts in the incidence on the different geographical groups. As a rule, the disease is most prevalent during the height of the monsoon rains, but this year the maximum incidence tended towards the drier months, in Bengal, April, in Madras, May, June and July, in Bombay, August and October, and in the Punjab, December. Barrackpore (151·1) and Poonamallee (120·6) had the largest number of cases in proportion to strength, and Rangoon and Naini Tal reported the highest death-rates, 9·6 and 7·04 *per mille*, respectively. At Barrackpore, which has a most unenviable reputation for the disease as well as for abscess of the liver, there has been a marked decrease during the past two years, but to judge from the special report of the Sanitary Officer (Major Aldridge, R.A.M.C.) much remains to be done on the lines laid down in previous paragraphs for the prevention of enteric fever, before hope of a permanent reduction can be entertained. At Rangoon the results were attributed chiefly to the youth and carelessness of the new arrivals, especially band boys, and to the impure food and milk indulged in.

The admissions on account of diarrhœa in 1903 yielded a rate *per mille* of 13·5, as compared with 12·9 in the previous year, but no fatality was recorded. There is no great difference in the incidence of the disease on separate Commands, the Punjab taking the highest place, but as regards the geographical groups, Burma Coast (I) and the hill-stations (XII-*a*, XII-*b*) have far higher rates than all the rest. In the last named are included the stations with the highest ratios, *viz.*, Ranikhet (71·3), Naini Tal (70·4) and Kasauli (64·8).

Hepatic abscess. Appendix A, Tables III, IV.

20. In 1902 the sickness and mortality from abscess of the liver were above the average as represented by the means for the quinquennium (1896—1900), *viz.*, 2·3 and 1·36 *per mille*, respectively, but in 1903 there is a return in the right direction, rates of 2·4 and 1·29 being recorded. The Bengal Command, as usual, and its constituent geographical groups (IV and VIII) stand apart at the head of the list, and the stations most severely affected in proportion to strength were

Barrackpore and Naini Tal, as was the case in the previous year. Allusion has been made to the excessive prevalence of dysentery in both these cantonments and the connexion of the two diseases is notified in the majority of the cases of liver abscess reported this year, or, more exactly, in 71 *per cent.* of those occurring in the chief endemic centres. The type of dysentery prevailing at Barrackpore is said to be the "amœbic," and the medical officer reports that the "*Amœba dysenteriæ*" was found in the pus of all but one of his cases. Having regard to Schaudinn's work on the differentiation of the "*Entamœbæ*," one could have wished for a more definite and detailed description of the parasite recovered in these cases of both dysentery and abscess. Dinapore, Agra and Indore may also be mentioned as being affected in excess of the average, and it may be added that where fuller results of *post-mortem* examinations are reported, multiple abscesses were found in a majority of the fatal cases.

Alcoholism. Tables XVI and LIII.

21. There were five deaths from alcoholism in 1903, against 11 deaths in each of the two previous years; the average number recorded annually during the decennium ending 1900, was 7, so that the figure for the year shows an improvement.

Venereal diseases. Tables III and IV.

22. The admission-rate for all classes of venereal disease in India in 1903 was 247 *per mille* of strength, against 281·4 in the previous year and 276 in 1901, and one must go back 24 years (to 1879) to find a lower rate than that of the year under review. The slight rise in the rate of 1902 was therefore only a temporary break in the phenomenal and consistent diminution which the records exhibit since 1895, when these diseases attained their maximum prevalence in the returns, *viz.*, 522·3 *per mille.* The causes of this reduction of the rate by more than half its amount during the last 8 years are various, and many of them are not obscure, if, however, it be impossible to appraise their relative values. Up to 1895, one effect of the short service enlistment was to introduce a large number of young men into Indian cantonments every year with all the consequences resulting from freedom from a sense of personal responsibility and ample opportunities for indulging their imperious impulses; then for about ten years before the date mentioned the lock-hospital system had been abolished and in view of the state of medical opinion at the time, this doubtless resulted in a sense of helplessness on the part of the authorities, medical and other, in face of the situation thus created. There was perhaps some lack of adaptation of resources to meet it and possibly treatment of infected men, as of course of the women, was not adequately carried out, and thus it is not difficult to trace the results in the steady increase of the disease to the maximum during the decade in question. The slight decrease in 1896 is probably insignificant, but in 1897-98 three factors were in operation, one temporary, *viz.*, the Tirah campaign, which withdrew large numbers of the men from cantonments; the others, which have existed ever since and have operated with ever increasing effect, were the new cantonment rules formulated as the result of the deliberations of Lord Onslow's committee, and the system of treating many of the infected men as out-patients. Of the two last measures, the former aims at the expulsion of diseased women from the neighbourhood of cantonments if they refuse treatment, and this has apparently met with varying and uncertain success; the latter has undoubtedly had two results at least; it keeps an uncertain number of cases out of the returns which formerly would have appeared therein and it ensures better and more thorough treatment. It should, however, be noted that the cases so treated are largely convalescents

previously reported, and also recurrent cases which under the old system would count as re-admissions and so swell the returns beyond the actual number of fresh infections. So far, then, this new system has effected a decrease in the amount of disease reported, and beyond this, a real decrease by virtue of the better treatment it ensures which also reacts by diminishing the number of sources of infection. In addition to these main factors there have been other influences at work, some fortuitous, and many of great value, and of more promise, as they are based on a truer recognition of the problem involved. The Boer war involved a great decrease in the annual drafts of young men for two years (1899-1901), and the prevalence of plague in native communities has caused many towns and villages to be put out of bounds for the troops. But there can be no question that the influences tending to the moral and physical amelioration of the soldier's lot have been greatly developed in the last few years by the combined efforts of the medical and military authorities. And this points the way to progress in the future; we must look to education of the men who suffer largely through ignorance and lack of self-control which are the results of the environment from which they are mostly drawn, and the lectures which are now a feature of many regimental institutes are a sign that this is becoming appreciated; to the provision of other healthy interests for the men's leisure, games, athletics, evening amusements and club comforts with, perhaps, encouragement of trade occupations or craftsmanship. And with all, the application of measures with sympathy to enlist the confidence and efforts of the men themselves, both in regard to prevention and treatment. This last will also apply to the women, for whose treatment ample provision should be made, for indications are not wanting that very much depends upon this and upon the methods adopted in working the rules applicable to them. Difficulties will not all disappear forthwith, but sympathy and other resources are not exhausted, and it is clear that a too arbitrary and indiscriminate exercise of authority leads to evasion of the code rules, to clandestine prostitution and to concealment and dissemination of the disease in other places, by both men and women. Lastly, it may be said that the measures for the prevention of the results of the importation of the disease from one station to another may be susceptible of improvement; and this by more complete notification between cantonment authorities, by greater care of, and influence exercised over, the men upon the march and those newly arriving. There must be co-ordination of resources, together with a definite policy adopted to the circumstances of each locality, and concentration of effort on the true lines of attack; for this, it is all-important to recognize the facts that certain of the men are specially liable to get into trouble, and that the danger is greatest at special times, in certain places and under special conditions, on all of which aspects the records throw light.

During 1903 there were 1569·49 constantly sick on account of venereal disease, or about 140 more than in the previous year. The average period of detention in hospital for each case was 32·92 days, and the total loss of service involved amounts to 572,864 days or 50,607 days in excess of the loss for 1902. The non-efficiency thus reckoned amounts to seven and-a-half times as much as that incurred on account of enteric fever.

There were 10 deaths (·14 *per mille* of strength) directly due to venereal disease against 15 (or ·25 *per mille*) in 1902, and the number invalided for this cause was 213 (3·02 *per mille*) as compared with 310 (5·12 *per mille*). The results in invaliding this year, the lowest since 1889, have probably a direct connexion with the improved and more continuous treatment to which the men are now subjected.

While it is borne in mind that the mean admission ratio for all India was 247 *per mille*, there were ten stations from which rates exceeding 400 *per mille* were reported, and Satara, Rangoon, Cannanore, Gharial, Taragarh and Fort William (Calcutta) stand at the head of the list, with Bellary, Poona—Kirkee and Indore following; the average strengths of the first, third, fourth and fifth stations mentioned were very low. There were only three in which the rates exceeded 500 *per mille*, whereas in 1898 there were 23 and in 1897 there were actually 48 in like case. The number of cantonments at which any considerable increase occurred, *e.g.*, 100 *per mille* and upwards as compared with 1902, was seven; of these four were hill-stations, and in three the strength was very small. There were 14 stations which showed an increase in the rate amounting to between 50 and 100 *per mille*, but the actual number of cases in excess is, in many instances, very small and magnified when stated as ratios per 1,000; moreover, the whole tendency of the last few years is in marked contrast with the great fluctuations and steady increase in the rates which was characteristic of them previously. It will, therefore, be unnecessary to give a summary of the opinions offered in explanation of local increases, save where they bear on the causes of failure and so touch the general problem, and to this end previous issues of this report may also be referred to. In most cases where the question is discussed, medical officers look to the difficulties encountered in the erratic movements of the women, and in getting them to submit to treatment when ill, but there appear to be great differences in the influence and resources exercised in different places. One officer will affirm that nothing is to be done with the present system in force; another shows what can be and has been done by sympathy and common sense. It would appear to emerge from many experiences that too arbitrary and indiscriminate measures generally fail and bring discredit on them; frequently the putting of a place out of bounds leads to clandestine prostitution in out-of-the-way corners, and thus to concealment of disease in both men and women, who will not incriminate themselves and it abolishes all supervision and control, while good results have followed from the restoration of such places to bounds. This and many other facts tend to show the importance of enlisting the co-operation of the men and also of the women, together with the adequate provision of hospital treatment for the latter, a matter that is sometimes overlooked. Then as regards the men, increase of the disease is often attributed to importation by new drafts, or by men on the march, from a more seriously affected station. Some medical officers keep such arrivals under supervision and treatment for a time, till they cease to be a danger to the rest; some carry out inspections of the men at intervals. In some cases where punishments were formerly inflicted and have been since abolished, there has been what will probably prove to be a temporary increase of the disease as shown in the returns, because the men have one less potent motive for concealment.

In concluding this reference to the main facts as regards the localisation of the disease, and to the measures indicated, it may be said that if the stations standing highest in the list during the last 8 years be compared, the frequent appearance of the same places will be noticed. For example, in the list of the thirty stations with the highest rates, year by year from 1896 to 1903, 35 stations appear 173 times, there being, of course, 240 places in the combined list. On the other hand, taking the thirty stations lowest on the list for the same period it is found that 41 stations occur 185 times in 240 chances. It is possible that the influence of certain regiments may affect local prevalence, but however that may be, we may obtain broad indications of a definite local or personal influence.

In regard to the relative incidence on the different Commands, Madras, as usual since 1898, occupies the highest place (337·9), while the Punjab maintains its position at the other end of the scale with a rate of only 176·1 *per mille*, or little more than half the figure for Madras. The reduction during the year under review has been due to a decrease in Bengal and the Punjab and to a lesser degree in Bombay.

The annexed statement shows the distribution of the different forms of venereal disease in 1903, in comparison with the previous year, from which it will be seen that the reduction has been greatest in the less serious forms of infection. But owing to the well-known difficulties of diagnosis in the early stages, reliance cannot be placed on the differentiation exhibited between primary syphilis and soft chancre, and it has been usual to discuss them in combination in this report. It is notable that an analysis of the rates for these different forms of the disease since the great fall in the combined rate in 1896 shows that those for soft chancre alone are either practically stationary as in Bengal and the Punjab or have risen, as in Madras, and only in Bombay exhibit a fairly corresponding decrease. And everywhere the relative positions of soft chancre and of primary syphilis have changed, for whereas the rate for the latter was very much the higher it is now lower, and this change has been greatest in Madras where the fall in the amount of primary syphilis has been most marked. It is difficult to account for this on any other ground than that of an alteration in diagnosis, unless it can be assumed that the sources of infection of the more serious illness have been largely decreased by treatment of the men and women, while leaving the lesser evil untouched. The medical officer at Deolali, however, where syphilis patients are received for invaliding, notices that in several cases there was no entry of primary syphilis in the medical history sheets, but only one of "soft chancre" previous to the diagnosis of secondary disease from which they were suffering. The difficulties of diagnosis in many cases will often defeat the best powers, but it would appear that the error is more often on the less safe side than formerly, and if men are discharged with merely local treatment, they may be, and often are, averse from reporting themselves later for some time after secondary symptoms declare themselves as these may appear light in character to one ignorant of their serious import. These facts may also throw some light on the fact that invaliding, the measure of serious disease, has not decreased proportionally to the diminution in the admission-rates.

	1902.	1903.
1. Primary Syphilis	35·2	33·2
2. Secondary Syphilis	49·9	46·2
3. Gonorrhœa	124·5	106·0
4. Soft Chancre	71·9	61·6
Total ...	281·5	247·0

In 1903 Burma district had the highest admission-rates from gonorrhœa (130·5) and secondary syphilis (81·6), and the Madras Command for primary syphilis together with soft chancre (141·1).

Heat-stroke. Appendix A, Tables XVI and LIII.

23. The death-rate from heat-stroke was approximately the same as in 1902, *viz.*, ·77 against ·76; a considerable decrease in the Punjab and Madras Commands being balanced

by a rise in that of Bombay. The stations chiefly affected were Nowgong, Nasirabad, Delhi, Fort Lahore and Lucknow.

Suicide. Tables XVI and LIII.

24. The average annual number of suicides reported in the decade 1891—1900 was 19, and in 1903 there were 21, of which 12 were by gunshot, 4 by cut-throat, 2 each by drowning and hanging and one by oxalic acid poisoning; the means adopted maintain generally their relative positions in the list.

Invaliding. Appendix A, Tables XVII and LIII.

25. From the whole European army in India, 2,063 men were invalided in 1903 (29·29 *per mille* of strength), against 2,255 in the previous year (37·25 *per mille*); the chief causes of this source of loss have been indicated in paragraph 2 *supra.* The millesimal rates ranged from 34·45 in the Madras Command to 25·39 in the Punjab, and there was a reduction in every case as compared with the previous years' results, which was most marked in the Burma district, and in the Punjab and Bombay Commands; the significance of these results has already been referred to. Fifty *per cent.* of the total number invalided were under 25 years of age, an age-period in which 51 *per cent.* of the total strength was included; 88 *per cent.* of all the invalids were under 30 years of age, a category which comprised 86 *per cent.* of the total strength. Then as regards the effect of service in India, it is found that 30 *per cent.* of all invalids in 1903 had less than two years' service, a term which included 43 *per cent.* of the strength, and 64 *per cent.* of all invalids had been less than five years in the country, a condition that applied to 76 per cent. of the strength. As compared with the previous year there was a greater loss on this account among the younger men and among those of shorter service in India; it is true that in both respects there was a considerable increase in the proportions these classes bore to the total strength, but the proportions invalided were still higher. Sickness and mortality fall proportionally more heavily on the shorter service periods as compared with the lower age-periods, but the reverse is the case as regards invaliding.

Officers. Appendix D. Table XVIII.

26. The average strength of commissioned officers with European troops in India in 1903 was 2,190, and among these there were 1,781 cases for treatment, 92 were invalided, and 29 died during the year; the statement appended shows the ratios per 1,000 of strength which these figures connote, and a comparison with the previous year. While the admission-rates from enteric fever, intermittent and remittent fevers, pneumonia, diarrhoea and hepatic affections generally showed a decrease, there was a rise in those from influenza, cholera, tubercle of the lungs, other respiratory diseases, dysentery and venereal affections. There were 8 deaths from enteric fever, the chief cause of mortality, giving a rate *per mille* of 3·65, which is lower than that for the troops (4·19), and a considerable decrease on that of 1902, *viz.*, 6·21. Dysentery was, however, more fatal this year, five deaths having occurred in place of two in 1902. As compared with the incidence on the troops, the following diseases were more prevalent in proportion to strength, *viz.*, influenza, small-pox, enteric and remittent fevers, dysentery, diarrhœa, and inflammation of the liver, while the officers suffered less from

Officers in India.	All causes.	
	Ratios per 1,000.	
	1902.	*1903.*
Admissions	818·2	813 2
Constantly sick . . .	29·9	29·7
Invalids	74·1	42·0
Deaths	16·05	13·24

cholera, intermittent fever, tubercle of the lungs and all other respiratory diseases, hepatic abscess and venereal diseases, their comparative immunity from the last named determining the difference in the respective combined admission-rates. Heat stroke, circulatory and "other respiratory" diseases, and dysentery and diarrhœa were the only chief causes of mortality which were more fatal to officers than to men. Two cases of plague occurred, but neither proved fatal.

Women. Appendix E. Tables XIX–XXI.

27. There was a very slight improvement in the health of the women during 1903 as compared with the previous year, but still some falling-off from the results of 1901. The statement appended exhibits the chief data as regards sickness and mortality for the last two years, the average strength in 1903 being 2,891. The chief causes of admissions to hospital were, as usual, debility, ague, the diseases peculiar to women and bowel-complaints, which together accounted for 65·50 *per cent.* of all sickness. There were in all 41 deaths (14·18 per mille) of which enteric fever accounted for 7, intermittent fever for 4, cholera and pneumonia for 3 each, and dysentery for 2, yielding rates which are higher than those of the troops, for the second and third named causes only. The Burma district and Madras Command had the highest sick-rates, while in the former along with the Bengal Command the mortality was greatest.

Women.	All causes.	
	Ratios per mille.	
	1902.	*1903.*
Admissions	799·6	758·9
Constantly sick	35·2	35·9
Deaths	14·87	14·18

Children. Appendix F. Tables XXII–XXV and LIII.

28. The health of the children showed an improvement as compared with the previous year, but was somewhat less satisfactory than in 1901. The chief causes of sickness during the year under review were, as is usual, intermittent fever (20 *per cent.* of total), respiratory diseases (12 *per cent.*), diarrhœa (9 *per cent.*) and measles (6 *per cent.*); diarrhœa and enteric fever were more prevalent than in 1902, but the latter was only a little more than one-fourth as prevalent in proportion to strength, as it was among the troops. Out of a total of 173 deaths, diarrhœa was accountable for 31, anæmia, debility and immaturity at birth for 17, respiratory diseases for 17, dysentery for 13, and intermittent fever for 12, altogether for 52 *per cent.* of the total mortality; and intermittent fever, dysentery, tubercular diseases and cholera were all more fatal than in 1902. Among the exanthemata to which children are liable and which came under treatment during the year, were measles (145 cases), chicken-pox (94), rubella (8), scarlet-fever (5), small-pox (3); there were also 30 cases of mumps, 29 of whooping-cough and 11 each of diphtheria and dengue. Sickness and mortality were alike greatest in the Madras and Bombay Commands.

Children.	All causes.	
Strength 4,677 (1903).	Ratios per mille.	
	1902.	*1903.*
Admissions	595·0	494·5
Constantly sick	26·4	20·9
Deaths	45·23	36·99

The strengths at the different age-periods, the death-rates *per mille* thereon and the relative liability to death at each period are shown in Table XXV. Immaturity at birth is, as usual, an important factor in the excessive liability which falls upon children under six months of age.

It may be interesting to compare the incidence of mortality on the younger children as it occurred during 1903 in the stations situated in the hills and in the plains of the four Commands. An analysis of the returns shows that in the hill-stations of the Bengal and Punjab Commands the death-rate (all causes) of children under 1 year of age was 126·67 *per mille* of strength against 150·0 in the plains of the same areas. For the Madras and Bombay Commands, the ratios are 117·65 and 194·09 *per mille*, respectively, in all cases the hills showing to advantage, but it must be added that the strengths on which the rates are calculated are very low, especially in the cases of the hills. However, the same relation is not maintained throughout in a comparison in which all children from 1 to 5 years of age are accounted for, wherein the strengths afford somewhat more reliable data, thus :—

Commands.		Children 0—1 year.	Children 1—5 years.
		Per mille.	Per mille.
Bengal and Punjab ...	Hill-stations	126·67	13·8
	Plains-stations	150·00	20·0
Madras and Bombay ...	Hill-stations	117·65	26·7
	Plains-stations	194·09	21·1

Papers and Books referred to in Section II.

Abbreviations used below.

S. C. I.=Annual Report of the Sanitary Commissioner with the Government of India.
L.=Lancet.
B. M. J.=British Medical Journal.
J. T. M.=Journal of Tropical Medicine.
J. H.=Journal of Hygiene.
N.=Nature.
I. M. G.=Indian Medical Gazette.
B. J. J. H.=Bulletin of the Johns Hopkins Hospital.
L. G. B.=Report of the Medical Officer, Local Government Board.
Z. H.=Zeitschrift für Hygiene.
A. H.=Archiv für Hygiene.
C. B.=Centralblatt für Bakteriologie.
H. R.=Hygienische Rundschau.
A. K. G. A.=Arbeiten ans dem Kaiserlichen Gesundheitsamte.
D. M. W.=Deutsche Medicinische Wochenschrift.
M. M. W.=Münchener Medicinische Wochenschrift.
B. I. P.=Bulletin de l'Institut Pasteur.
A. P.=Annales de l'Institut Pasteur.
J. P. P. G.=Journal de Physiologie et de Pathologie Générale.

(1) *Malta fever.*—[1]Z. H. XLVI, Heft 2, page 261 ; [2]I. M. G., June 1904, page 237 ; see also Powell, I. M. G., February 1904.

(2) *Enteric fever.*—[1]Koch, *Die Bekämpfung des Typhus* ; [2]S. C. I., 1902, page 17 *et seq.* ; [3]L., April 16, 1904, page 1105 ; [4]B. M. J., May 21, 1904, page 1197 ; [5]*Practitioner*, January, 1904 ; [6]C. B. *Ref.* XXXV, No. 7—9, page 260 ; [7]C. B. *Orig.* XXXV., No. 6, page 776 ; [8]*Archiv. Med. et Pharm. Militaires*, No. 11, November 1903, quoted in B. I. P. No. 2, 1904 ; [9]Z. H. [XLVII, Heft 2, page 211 ; [10]Koch's *Festschrift*, quoted in B. I. P. No. 12, 1904.

Blood, Urine, Fæces, Sputum, etc.—[11]C. B. *Orig.* XXXV No. 6 ; [12]J. P. P. G. XVI No. 1, 1904 ; [13]Levy, D. M. W. No. 1, 1904, V. B. p. 41, and Widal and Lemierre, quoted in B. I. P., No. 2, 1904, page 66 ; [14]A. H. XLIX fasc. 2, quoted in B. I. P. No. 9, 1904, page 403 ; [15]*Riv. crit. di clin. Med.*, No. 2—3 1901, quoted in C. B. XXXIV *Ref.* No. 24—25, page 778 ; [16]*New York Pathological Society*, quoted in B. I. P., No. 14, 1904, page 603 ; [17]Warfield, quoted in B. I. P. No. 5, 1904, page 195 ; [18]Drigalski, *loc. cit.*

Water, Food, Bacillary Diagnosis.—[19]C. B. XXXVI *Orig.* No. 4, 1904, page 584 ; [20]A. H. XLIX, 1904, page 237 ; also C. B. XXXIV, *Ref.* No. 24—25, page 804 ; [21]M. M. W. No. 49, 1903 ; [22]C. B. XXXV *Orig.* No. 1, page 108 ; [23]C. B. XXXV. *Orig.* No. 5, page 568 ; [24]C. B. XXXVI. *Orig.* No. 2, page 203 ; [25]v. Rieder, quoted in H. R., No. 4, 1904, page 164 ; [26]B. M. J., June 11, 1904, page 1395 ; [27]J. H., July 1904 ; [28]B. M. J., January 2, 1904, page 37 ; B. M. J., January 9, 1904, page 90 ; Hamer's Report to London County Council, 1904 ; [29]McWeeney, quoted in B. M. J., February 27, 1904, page 497 ; [30]Quoted in B. M. J., May 14, 1904 ; page 1144 ; [31]*Journ. of Med. Research*, X, quoted in B. I. P., No. 7, 1904, page 325 ; [32]L., August 20, 1904, page 511.

Clothing, Soil, Dust, Flies.—[33]B. M. J., May 14, 1904, page 1145 ; [34]Doenitz *loc. cit. supra* ; [35]*Practitioner*, January 1904 ; [36]Parkes' Prize Essay ; [37]Austen, Journ. Roy. Army Med. Corps, June 1904 ; [38]*Journ. Amer. Med., Assoc.*, quoted in C. B. XXXIV, *Ref.* No. 14—15, page 440.

Paratyphoid fever and the Agglutination test.—[1]D. M. W. No. 32, 1904, page 1165 ; [2]D. M. W. Nos. 8 and 9, 1904, page 280, and page 314 ; [3]C. B. XXXV, *Orig.* No. 2, page 154 ; [4]*Journal of Royal Army Medical Corps*, March 1904 ; [5]C. B. XXXV, *Ref.* No. 7—9, page 260 ; [6]C. B. XXXV. *Ref.* No. 7—9, page 265 ; [7]Z. H. XLIII, 1903, page ; [8]D. M. W. No. 34, 1904, page 1233 ; [9]*Berliner klinische Wochenschrift*, Nos. 30 and 31, quoted in Waldeyer and Posner's Jahresbericht, 1903, page 13 ; [10]Bruns and Kayser, C. B. XXXIV, *Ref.*, No. 12—13, page 389 ; Lipschütz, C. B. XXXIV, No. 6, page 798 ; [11]Ficker, *Berliner klinische Wochenschrift*, No. 45, 1903, and many other references scattered throughout all the journals, see, *e g.*, D. M. W. No. 33, 1904, page 1193 ; also D. M. W. No. 35, 1904, page 1304.

Preventive Measures.—[1]*Berliner klinische Wochenschrift*, January 25, 1904, page 79 ; [2]Koch's *Festschrift*, quoted in B. I. P., No. 15, 1904, page 650 ; [3]B. M. J., July 23, 1904, Ep., page 16 ; [4]*Practitioner*, January to March, 1904.

(3) *Bilharzia Hæmatobia.*—[1]Scheube, *Die Krankheiten der warmen Länder* ; [2]Hatch, L., August 30, 1887, page 875.

SECTION III.

NATIVE ARMY OF INDIA.

India: Field Forces, etc., Appendices L. and M., Table XXVI.

29. The health of the native troops during 1903, must be regarded as exceptionally good, for the admission and constantly-sick rates were the lowest on record, and the same may be said of the death-rate if the fatalities among men absent on furlough and sick-leave be disregarded. The average strength present in India was 124,660, and the marginal statement affords a comparison with the previous year and its antecedent quinquennium. This favorable result is to be ascribed to diminished prevalence of all the chief causes of sickness and mortality, although, as compared with 1902, there was some increase in the admission-rates for influenza, cholera, enteric fever and tubercle of the lungs, and in the death-rates from cholera and enteric fever.

Native Troops.	All causes. Ratios per mille.		
	1897-1901	1902.	1903
Admissions . . .	794·4	718·0	662·0
Constantly sick . .	30·5	26·6	25·3
Deaths	11·92	11·16	10·04
Invalids	12·66	11·51	11·19

The chief causes of sickness in 1903 were, as usual, intermittent fever, dysentery, venereal diseases, other respiratory diseases and pneumonia, in order of their relative prevalence, the first-named accounting for 37 *per cent.*, and dysentery for nearly 6 *per cent.*, of the total admissions to hospital. The chief causes of death were pneumonia, remittent fever and tubercle of the lungs, from which 30·5 *per cent.*, 8·8 *per cent.*, and 6·8 *per cent.*, of the total mortality were recorded, respectively. The total number of men invalided for discharge during the year was 1,395, against 1,430, in 1902, the chief causes of this source of loss being, as usual, debility, intermittent fever, venereal disease and rheumatism.

If Table XXVI be compared with Table I it will be seen that the native troops suffered less than the European troops from small-pox, enteric fever, simple continued fever, diarrhœa, hepatic affections and venereal disease, but, on the other hand, they were more liable to all the other chief causes of sickness, as also from scurvy, and this is in accordance with the usual experience. As regards sickness the great contrast lies in the relative incidence of venereal disease and enteric fever, and as regards mortality, while enteric fever and hepatic affections hold the first places among the European death-rates, pneumonia, remittent fever and dysentery are the diseases most fatal to their native comrades.

The strength of the China Garrison during the year was 1,745; the admissions to hospital, for which ague, influenza and venereal diseases were the chief causes, gave a ratio *per mille* of only 298, as compared with 400 in 1902. The death-rate also fell from 13·83 to 12·03 *per mille*, and more than half of this was due to tubercle of the lungs. The Somaliland Field Force (strength 3,174) suffered chiefly from scurvy, ague, and pneumonia, the two former together accounting for 40 *per cent.* of all admissions, and the first and last combined for 37 *per cent.* of all mortality; altogether, the cases admitted for treatment amounted to 1,129 *per mille* of strength, and the deaths to 25·83 *per mille*, but

17 men were killed in action, and if these be excluded, the death-rate falls to 20·4 *per mille.* The Aden Column Field Force (strength 983) had altogether 893 admissions to hospital or 908 *per mille*, ague and dysentery causing 60 *per cent.* of the whole, and there were 11 deaths, or 11·19 *per mille*, of which 6 were due to pneumonia. The Sikkim-Tibet Mission Force which left India in March, and of which the average strength, calculated on an annual basis, was 929, had altogether 841 cases of sickness and 11 deaths up to the end of the year, and the ratios *per mille, per annum*, were therefore 905·3 and 11·84, respectively; ague and dysentery were accountable for nearly half the former, and remittent fever for nearly half of the mortality. These details, summary as they necessarily are in the present state of the information available, serve at least to show the very various conditions of climate to which the men are liable to be exposed, and the results must be considered eminently satisfactory, in view of the sensitiveness of the sepoy to any marked change from the conditions of his native habitat.

Commands, Appendix L. Table XXVI.

30. In conformity with the results of the three previous years, the Bombay Command in 1903, had the highest rates in regard to both sickness and mortality. There was less sickness in proportion to strength here on account of intermittent fever than in the Burma district and less from pneumonia than in the Punjab, the admission-rates from tubercle of the lungs and from simple continued and remittent fevers were also well below the average for the rest of India, but in most other respects there is an excess, and notably under venereal disease, diarrhœa and other respiratory diseases. Respiratory affections, bowel complaints and anæmia and debility are chiefly accountable for the higher mortality. The Punjab Command ranks next in order of unhealthiness, as was the case in the previous year, and this is due to the excessive sickness from remittent fever, tubercle of the lungs, pneumonia and dysentery, and to the higher mortality on account of the first three causes, and from cholera. The predominance of these affections is typical of the Punjab returns, as a rule, and explains the position of this Command at the head of the mortality list when a sufficiently long period, to obviate temporary fluctuations, is considered; see Appendix L.

Geographical groups, Appendix M. Table XXVII.

31. There were very great contrasts, as usual, in the incidence of sickness and mortality on the troops located in the different geographical groups, and an examination of Table XXVII will prove more useful than any attempt at a differential summary in this place. It may, however, be said that, taking the combined figures for the last quinquennium (1899—1903), the highest admission-rates were returned from Bengal—Orissa (IV), Burma Inland (II) and North-West Frontier and Indus Valley (VII), ranging from 1,035 to 881 *per mille* of strength, the Gangetic Plain (V) and Upper Sub-Himalaya (VI) being at the other end of the scale with rates of 573 and 618 *per mille*, respectively, and this is notable inasmuch as the two latter areas constitute the natural habitat of the majority of the sepoys in the service. The contrast is chiefly due to variations in the incidence of intermittent fever. In regard to mortality, during the same period, the first place is taken by Western Coast (X) with 14·72 *per mille*, closely followed by the Hill Stations (XII) with 14·53, and then by the North-West Frontier (VII) with 13·82, while Assam (III) and Burma Inland (II) are at the other end of the scale, with rates of 7·47 and 7·45 *per mille* respectively. Here the contrast is chiefly ascribable to the greater prevalence and fatality of pneumonia and other respiratory diseases and of remittent fever in the former areas, to which

may be added an excessive mortality from bowel-complaints in group X. In this last the average strength is low*, but as regards the other two groups (XII and VII) climatic causes, and notably a high range of temperature with sudden falls and a very low thermometer at night for several months in the year, are sufficient to account for the results when the native disregard for ventilation is borne in view. It may be added that in 1903 there was no marked change in the order based on past experience. It is important to grasp the fact that the men serving in these two areas are for the most part strangers in a foreign land, the climatic and other conditions of which are very different from those of their homes. The Hill stations (XII) are dotted along the fringe of the empire, at various but always considerable altitudes, from Burma at one end, through Assam and along the lower Himalayan range in the north, and thence along the North-West Frontier to Quetta in the west. The position of the other group (VII) is indicated in its name,—North-West Frontier, Indus Valley and North-West Rajputana, and nothing need be added to what has been said in regard to it. But it is advisable to distinguish as regards the Hill stations (XII), between those on the northern frontier (Himalayan) and those on the north-western and western frontier from Chitral to Quetta, because the contrast with the natural climatic conditions of the plains of India proper is greater in the latter than in the former subgroup. Taking the mean results for the last triennium (1901-3), a period free from war operations, it will be found that while the combined admission-rate *per mille* of strength (all causes) was 636, and the death-rate 8·8 in the first series of Hill stations, it was 988, and 17·4 *per mille* respectively for the second series, *i.e.,* 50 *per cent.* more sickness and about 100 *per cent.* more mortality. Thus the North-West and Western Frontier and the Indus Valley stations stand out as the most unfavourable to the health of the native army, and the facts are of sufficient importance as to warrant a more detailed statement of the contrast.

Sickness and mortality of the troops in the Hill stations (Group XII); contrast of Northern stations with North-Western and Western Frontier stations—mean-ratios for 1901-03.

		Intermittent Fever.	Remittent Fever.	Tubercle of Lungs.	Pneumonia.	Other Respiratory diseases.	Dysentery and Diarrhœa.	Scurvy.	Anæmia and Debility.	All Causes.
Northern stations ...	A.	178·5	16·1	18·7	11·9	17·9	32·8	1·0	12·2	636
Maymyo to Kalabagh ...	D.	·72	·97	2·70	1·25	·28	·16	...	·16	8·8
N.-W. and W. Frontier	A.	436·9	23·8	6·2	24·8	42·8	80·9	8·3	23·2	988
Gilgit to Chaman ...	D.	·80	2·02	1·60	7·16	·53	·75	·4	·4	17·4

It will be seen how much heavier the incidence is on the latter group in regard to all the causes tabulated, save only tubercle of the lungs, and this departure from the contrast is due to the special liability to this disease of the Gurkhas who are, for the most part, located in stations in the former group (*see paragraph 40*). The contrast here demonstrated is enhanced when the "absent deaths" and invalidings are taken into account. In the former, northern series of stations, the "absent deaths" in 1903 amounted to 1·67 and the invalidings to

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* There are only three stations in group X, *viz.*, Bombay, Cannanore and Trevandrum; the average annual strength during the period in question was just over 2,000, of which two-thirds were located in Bombay, and the majority of the men here were recruited in the Dekhan, Rajputana and the Punjab.

10·59 *per mille* of strength, whereas in the latter, western frontier series, these ratios rise to 4·66 and 12·17 *per mille*, respectively.

Stations. Tables XXVIII to XXX. Regiments.

32. There were only two stations which had an average strength of over 1,000 men in 1903, and in both the sickness and mortality was exceptionally heavy. At Mian Mir, the death-rate was 29·17 *per mille* of which just over one half was due to cholera, and another fourth to pneumonia; and at Ferozepur the death-rate was 22·97 *per mille,* of which one-third was due to pneumonia and one-fifth to remittent fever. As regards stations occupied by smaller numbers of troops, if a list be made of the fifteen having the highest death-rates during the last five years, it will be found that on the average, eight of the stations which are situated on the North-West or Western Frontier appear in the list every year, pneumonia and remittent fever being chiefly accountable for the excess mortality. Among the regiments with the most unhealthy record during the year, and to which reference will be made in the subsequent remarks, were the 104th Rifles at Fort Sandeman, who suffered chiefly from ague, pneumonia and scurvy; the 32nd Lancers at Loralai, from ague; the 4th Rajputs at Wana, ague and pneumonia; and the 11th Lancers at Mian Mir, from cholera and ague.

Influenza. Appendices J and M. Table XXXI.

33. The admission-rate on account of influenza rose from 2·1 in 1902 to 3·6 in 1903, while, as will be seen, the sickness from respiratory diseases, excluding tubercle of the lungs, was less prevalent in the army as a whole. The month of maximum prevalence during the past three years has been February, or somewhat in advance of the local epidemics affecting the European troops. The largest numbers of admissions were recorded among the men at Lansdowne, Dharmsala, Aurangabad, Dehra Dun, Kirkee and Jhansi, the Bengal and Punjab Commands being chiefly affected.

Cholera. Appendices L and M. Tables XXIX and XXXII.

34. There were 135 cases of cholera in 1903, with 80 deaths, the incidence of attacks on strength being the same as among the European troops and the prisoners. The figures are an increase on the 26 cases and 15 deaths of the previous year, but the rates are only a little more than half the decennial ratios (1891-1900). The most considerable outbreak occurred at Mian Mir, whence 34 cases with 29 deaths were returned from three regiments, the 11th Lancers having 22 and 17 of these, respectively. The disease broke out in June and lasted a little more than a month, but the great majority of fatalities occurred within one week of the outbreak, the type of attack being very severe. No remarks are offered by the medical officers concerned, on the etiology of the epidemic, but from the sanitary report on the cantonment it would appear that infection was attributed to the use for drinking-purposes of canal water which is liable to pollution by native civilians, no protected pipe-supply being yet available as in the case of the European garrison. Twenty-one cases with 8 fatalities occurred among the 77th Moplah Rifles at Salem in January, the outbreak commencing while the regiment was on the march, and it was attributed to the consumption of infected water or food in the native bazaar. In a detachment of the 128th Pioneers which was posted as a cordon round a cholera-infected village, there were 18 cases with 7 deaths in June, and in the same month also and in the same area (Baluchistan frontier) the 113th Infantry had 12 cases and 7 deaths for which details are lacking; the disease was, however, epidemic in the villages in the neighbourhood.

As in the case of the European troops (see page 7), the course of the incidence of cholera on the troops in the Bengal Command (formerly presidency) may be set forth, as compiled from the records of the past century. From 1831 to 1853, the mean admission-rate was 8·3, and the death-rate, 3·0 *per mille;* there then ensues a break owing to the mutiny, but from 1861 to 1870 the rates fell to 5·0 and 2·5 *per mille*, respectively: the subsequent results are given in the following statement for quinquennial periods, save the last:—

Native Troops. Cholera in Bengal, 1870-1903.

RATIOS PER MILLE OF AVERAGE STRENGTH.

1870-74.		1875-79.		1880-84.		1885-89.		1890-94.		1895-1900.		1901-1903.	
A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
2·0	1·1	2·8	1·6	1·1	0·7	1·7	1·1	2·6	1·6	1·3	0·9	0·6	0·34

Small-pox. Appendices L and M. Table XXIX.

35. There were 78 admissions and 2 deaths from small-pox during the year, the rates *per mille* of strength being precisely the same as for 1902; while the rate of attack is slightly above that for the decennium (1891-1900), the mortality rate is decidedly less. The disease was less prevalent than among the European troops, which is contrary to previous experience, and it was far less fatal, which is according to the general rule. The largest number of admissions, 8, was reported from Cannanore, all among the 87th Punjabis; there were 7 at Lucknow and 6 at Umballa. The records are incomplete as regards the discussion of the sources of infection and the previous vaccination of the men attacked, but so far as information is available, these all bore satisfactory marks of the prophylactic or, rarely, of a previous attack of the disease.

Ague, remittent fever, simple continued fever. Appendices L and M. Tables XXXIV to XXXVI.

36. Intermittent fever accounted for over 37 *per cent.* of the total number of admissions for all causes in 1903, but the admission-rate which was 358 *per mille* in 1901, and 274 in 1902, fell still farther to 247, which is just over 100 *per mille* less than the mean for the decade, 1891-1900. From all but two of the twelve geographical groups the admission-rates were lower than in 1902, the two exceptions being Burma Coast (I) and Assam (III), Burma Inland (II) and Central India (VIII) being at the head of the list as was the case in the previous year; and the last remark applies to the Bombay and Punjab Commands and the Burma district. October was, as usual, the month of greatest prevalence of the disease when the records from the army as a whole are combined, and fewest cases occurred in March. Of the stations at which the average strength was over 100, those where the admission-rates were highest (exceeding 1,000 *per mille*) were Keng Tung (Burma), Deesa, Ahmedabad, Chakdara and Wana, the three first appearing in the same list in 1902. The plain of Keng Tung, 90 square miles in extent, with the highlands surrounding it on all sides, forms a huge natural basin of impermeable clay soil which is covered throughout its vast extent by rice swamps. The cantonment stands on the spurs of the low hills jutting into this plain, and its boundary includes the junction of hill and plain where many depressions and natural, but irregular, drainage channels abound. The annual rainfall is 75 inches, the ground water level is high and the whole plain is intersected by numerous water-courses. The barracks are of the bamboo hut

type, and not much more than 500 yards from a "not over clean" Shan village, while an Indian bazaar connects the two communities; the habits of the Gurkha sepoy are extremely sociable. Under these circumstances it is scarcely surprising that, in spite of the use of mosquito nets, 90 *per cent.* of the men have been under treatment for malarial fever, at one time or another. The physical difficulties prevailing at Deesa—the proximity of the Banas river, a small stream often reduced to stagnant pools in a wide sandy bed in which cultivation is carried on—were alluded to in last year's report. The accounts given of other notoriously malarious cantonments vary in detail; for example, at Dera Ismail Khan it is said that after heavy rain the city is flooded and the cantonment and its vicinity is under water; the drains that intersect the lines are mere earthen channels, with no proper and adequate fall, the difficulties being enhanced by the low-lying site. The situation at Delhi is very similar to that just described at Deesa. All this goes to show the physical difficulties that present themselves to any attempt to deal radically with the problem of the prevention of the breeding of mosquitoes in many of the stations, to which end efforts have been directed generally with more or less energy on the approved lines. The proximity of native civil communities and the intercourse of the sepoys therewith, must also be a frequent and an insuperable difficulty. And thus, along with the general sanitary measures that often fail to influence the prevalence of the *anopheles*, resort to the administration of quinine as a prophylactic is generally practised though, in this matter, as in the case of the European troops, the methods and the system vary and the results, consequently, are, so far, too often inappreciable. Where nothing can be done to ameliorate the physical conditions, short of removing cantonments from their present sites, or of abolishing irrigation on which the food-supply of the people depends, or of deflecting the courses of rivers, or of altering the whole configuration of the country, the efforts towards personal prophylaxis in cantonments and in hospitals must be systematized and carried out with energy and completeness, till the measures become ordered habits of the men's lives.

Remittent fever, to which more sickness and mortality is attributed among the native troops than among their European comrades or the prisoners was much less prevalent during the year; the mean admission-rate for the decade (1891-1900) was 15·2 *per mille* and the death-rate 1·25, whereas the rates fell in 1903 to 8·6 and ·88 *per milie*, respectively; nevertheless, nearly 9 *per cent.* of the total mortality was attributed to this cause. Cases are generally most numerous in the dry hot spring and winter, and in 1903 the maximum prevalence was in January, though cases were admitted throughout the year. The remarks of medical officers on the subject of the etiology of this form of fever are not very illuminating, and where the microscope is not systematically employed little could be expected. It would appear that change to a more rigorous climate and to unaccustomed surroundings are important factors in inducing attacks, and the regiments that suffered most were, in many instances, exposed to these conditions, *e.g.*, on the North-West Frontier, in the Indus valley and on the Sikkim-Tibet expedition. The incidence was by far the heaviest on the Punjab Command, and on groups III, VI, VII and XII (Table XXVII) and this is in accordance with previous experience. It may be added, in connexion with the marked progressive decline in the admission-rates alluded to above, that where these have been consistently lowest, as in the Madras Command, the decrease is inappreciable during the past ten years, and it may be that more exact diagnosis, or that a question of nomenclature has had some influence on the returns from elsewhere. For it is remarkable that with this low remittent fever rate, the Madras Command has always returned the highest number of cases of simple continued fever in proportion to strength, just as the Punjab with the highest rate from remittent has always been at the bottom of the list for the simple continued variety.

As regards this simple continued fever the decline in the reported incidence has everywhere been still more marked than in the case of remittent, the mean admission-rate for the whole army having been 9·1 *per mille* during 1891-1900, while in 1902 it was 5·1, and in 1903 it fell to 3·5. Against the last figure may be set the rate for the Madras Command 12·6, and that of groups XI (Southern India), 30·5, to show how large a proportion of the disease is accounted for in a comparatively small area. Indeed, out of a total number of 441 admissions throughout India during the year, no less than 153 were recorded in one regiment, at Bellary, the 74th Punjabis, consisting of men who were recruited in Northern India at the end of 1902. Here we may, perhaps, see the effects of a complete change of climate inducing ephemeral fever, during the period of physiological adjustment, or possibly malarial relapses.

Enteric fever. Appendices L., M., and G. Table XXXIII.

37. The admission-rate on account of enteric fever has shown a tendency to a small but regular and definite increase during the last few years. During the first three lustra with which the records deal, *i.e.*, up to 1891, the rate *per mille* did not vary materially from ·21, and the death-rate was approximately ·1, a case mortality of nearly 50 per cent. The subsequent course of the incidence of the disease is shown in the annexed summary; it will be seen that the rates have exactly doubled within the last six years. It is difficult to decide how much of this reported increase connotes a real extension of prevalence, and how much is due to altered diagnosis, and it is not impossible that a certain amount of what was formerly returned as remittent fever has found a place under this head; for with the diminution of remittent fever, already noticed, there has also been a reduction of the case mortality from both diseases, which might be accounted for on the suggestion hazarded. An important point which the returns bring out clearly is the much greater incidence of enteric fever on the Gurkha sepoys,* and, further, its comparative localization in the cantonments occupied by them. For instance, during the last four years, 107 cases have been recorded among the Gurkhas, with an average annual strength of 11,458, yielding a mean rate *per mille* of 2·3, whereas from the rest of the native army, annual average strength 112,332, only 103 admissions were reported, or ·22 *per mille*, which is just under one-tenth of the Gurkha rate. Again, to turn to the year under review, of the total of 80 cases reported, 37 were distributed among the Hindustanis (·32 *per mille*) while 43 remain for the Gurkhas (3·4 *per mille*) and these 43 were reported from 7 stations, whereas the other 37 were the contributions of 24 stations, of which 21 recorded only one case each. These facts explain the relatively heavy

Enteric fever Native Troops.	Ratios *per mille.* A.	D.
1877—1891	·21	·09
1892—1896	·25	·06
1897—1901	·3	·11
1902	·4	·10
1903	·6	·22

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* The increase in the rate already noticed is common to both Hindustanis and Gurkhas, but is much more marked among the latter.

incidence of the disease on geographical groups III and XII (Assam and the Hill-stations), and beyond this, it may be said that in the greater part of the native army (Hindustanis), the disease, if present, is not recognised, or, at most, in negligeable quantity. The possibility that the disease is truly more prevalent but is concealed in the returns under one or other of the common fevers is, as was shown in this report for last year, rendered less plausible from the fact that the combined death-rate from these fevers, including enteric, is very much lower among the natives than it is among the European troops; and this could only be the case on one of two hypotheses. Either enteric fever is not overlooked to any material extent, or the disease runs a much milder, a very anomalous, and less fatal course among the natives. It is quite true that so-called remittent fever is much more fatal to native troops and prisoners than to Europeans; it is true, further, that the remittent fever rates have recently fallen coincidently with a rise in the enteric rates among the two former classes. But if the whole of the mortality from remittent were transferred to the account of enteric, it would still leave a great balance of comparative immunity from the latter disease, in favour of the native adult. It is to be noted that the remittent fever rates are consistently lower among the prisoners than among the native troops, but there is no corresponding excess in the enteric rates among the former. Methods of diagnosis may undoubtedly affect the contrast in the remittent rates in the different classes; there are fewer cases in proportion to strength diagnosed as remittent fever among the prisoners, but there is a higher case mortality of those so diagnosed than among the native troops, but the enteric rates are practically identical in the two classes; and as regards fatal cases of both diseases among the prisoners, the great majority are submitted to an autopsy, which should preclude any large source of error. Lastly, the age factor can scarcely be invoked to explain the whole difference in this respect, between the native and European troops; the age-constitution of the former is, unfortunately, not available, but it would doubtless be found that there is a smaller proportion of the strength at the most susceptible ages among them and by so much the incidence would be reduced, if we may presume that the ages of susceptibility are the same in both.

European troops. Deaths *per mille.*		Native troops. Deaths *per mille.*	Prisoners. Deaths *per mille.*
1903.		1903.	1903.
Enteric fever	4·19	·22	·25
Intermittent "	·34	·66	·94
Remittent "	·4	·88	·36
Simple continued "	·01	·01	·01
Total fever mortality	4·68	1·77	1·56

It must be admitted that the evidence which is relied on in the diagnosis of enteric fever among natives is, for the most part, clinical in which a process of exclusion of other causes plays a large part, and, in the case of prisoners, this is supplemented by the signs of gross pathological changes found *post-mortem*. Beyond this, there is the accumulating evidence based on the results of the Widal reaction, which was fully summarised in this report for 1901 (page 38). It is obvious that a diagnosis which in the present stage of the question, is made on clinical grounds or from the gross pathological signs is frequently open to grave doubt, if only from the risk of overlooking cases that present no typical intestinal lesions. It is, therefore, eminently desirable, nay necessary, that medical officers should avail themselves in all cases of doubt of the facilities now at their disposal for the application of the more exact and reliable tests of the blood and excreta during life and of the organs after death. It is only by the employment of these methods that an escape will be found from the cloud of conjecture in regard to enteric fever itself, and that we may hope to elucidate the causes of other anomalous fevers.

As to the causes of the special liability of the Gurkha sepoy to the disease, nothing can be added to the discussion of the subject in previous issues of this report. In regard to etiology, the medical officer of the 2nd battalion, 3rd Gurkha Rifles, among whom 13 cases occurred, attributes the infection to polluted spring water in which the *bacillus coli* and the *bacillus enteritidis sporogenes* were demonstrated. At Manipur, polluted river water was suspected, the separate supply for drinking being accounted beyond suspicion as it was boiled before issue. In other cases bazaar milk and fæcally contaminated dust were suspected, and it is noted that the sepoy is addicted to the dangerous practice of cleaning his eating and cooking vessels with surface soil from the handiest spot.

Malta fever.

Eight cases of Malta fever were recorded during the year, against four in 1902, but of only three are details given as to the symptoms and the grounds on which the diagnosis was based. The two cases among the 15th Sikhs at Fort Lockhart were originally admitted for intermittent and remittent fever, but on subjecting the blood to the sedimentation test complete reactions were obtained with dilutions of 1 to 50 and 1 to 200 respectively; the source of the micrococcus used is not stated. This subject has been sufficiently discussed in section II of this report.

Plague. Cerebro-spinal fever.

38. The incidence of plague on the native troops cantoned throughout India has been as follows: in 1898, 94 cases with 54 deaths; 1899, 76 and 45; 1900, 56 and 29; 1901, 70 and 41; 1902, 192 and 95; 1903, 184 and 115. The great extension of the disease among the civil population, during the year under review, has therefore not been accompanied by a corresponding increase among the native troops. Out of the total of 184 stations occupied, 57 were situated in or near towns or in districts in which plague occurred among the general population, but of this 57 only 24 had cases among the sepoys. The largest number of attacks reported from one station was 26 at Bangalore, and these were distributed among four different corps. Very few details are given of this outbreak by the medical officers concerned, but the disease prevailed in epidemic form in the civil and military lines and there was doubtless constant communication with the infected area either direct or indirect by means of followers, tradesmen, etc. Mention is made of the prophylactic inoculation of 681 volunteers in the 28th Light Cavalry in which one case only occurred, and of two cases of plague in the Moplah Rifles, one who had been inoculated, recovered. The only other considerable outbreaks occurred in two regiments at Aurangabad (21 cases, 7 deaths); at Poona (18 and 10), Mhow (16 and 14), Sehore (14 and 9) and Neemuch (10 and 3); on the other hand, in 5 stations there was only a single case in each, and in 4 others, 2 cases in each. The reports call for no comment; sources of infection were, in all cases, abundant in and around cantonments; the measures adopted consisted, generally, in putting infected places out of bounds for the troops, the segregation and observation of men arriving, or returning, from infected places; and on the outbreak of the disease, prophylactic inoculation for all willing to accept

it, including followers and families, segregation of the sick, evacuation of the lines by the healthy and temporary sojourn under canvas, and all measures of disinfection of infected quarters and of the lines and barracks. It may be said that the consensus is decidedly in favour of the beneficial effects of inoculation in reducing the liability to attack and also the case mortality, but the details given in each case are rarely complete and scarcely permit of a summary which would have scientific value.

As in the case of the prisoners, cerebro-spinal fever has notably decreased during the last year, there having been only 6 cases with 4 fatalities recorded from the whole native army, against 18 and 17, in 1902, and 28 and 21, respectively, in 1901. The disease has been most prevalent in the Punjab Command and on the frontier, but not confined thereto, and this year the six cases were reported, one each, from Kohat, Edwardesabad, Delhi, Jhelum, Roorkee and Mhow. No reference is made to the etiology or diagnosis of these cases in any of the returns.

Scurvy (2).
Tables XXVIII, XXIX.

39. There has been no very marked change in the admission-rate from scurvy during the last 20 years; it has fluctuated between 2 and 4 *per mille*, and this year, as in 1902, it was at a low point, 2·4, which is, so far, satisfactory in view of the operations conducted in Somaliland, the Aden Hinterland and beyond the northern frontier. For the disease is always most prevalent in the drier and more continental—almost desert—climate of the North-West and Western Frontier Hills* and of the Indus Valley, some of the chief characteristics of which are accentuated during active operations in the field in Arabia and Africa. The returns of the troops serving outside India are, indeed, not included in the admission-rate just quoted (2·4 *per mille*) but they contributed thereto by cases returned to their regiments during the year; the excessive prevalence of the disease in the Somaliland Field Force has been referred to (paragraph 29). With an average strength of 3,174 the number of cases of scurvy, 839, was equal to nearly three times that of the whole army in India, *viz.*, 299, and there were 16 deaths among the former against only 19 in the incomparably larger force at or near home. As regards the latter, the army in India, 40 *per cent.* of all the cases occurred in the group of hill stations and 15 *per cent.* in that of the Indus Valley, and 23 *per cent.* were reported from two stations combined, *viz.*, Fort Sandeman and Loralai, both in the former area. The medical officer of the 104th Rifles at Fort Sandeman says that the disease was most prevalent in the spring and among the men on out-post duty, where, possibly, they were less under control and where, certainly, there was great difficulty in procuring fresh vegetables. The case was met by the official provision of vegetables and by the reduction of the term of outpost duty from three months to six weeks; the sepoys are very prone to avoid expense on vegetables and, as a rule, send most of their pay to their homes, but they are now compelled to spend a certain amount on this essential element of diet, with good results. The disease involved so much inefficiency of the troops and followers in Somaliland that it called for enquiry and report, and this was carried out by Lieutenant Barnardo, I.M.S.,[1] who gives an interesting and valuable account of his work in the *Indian Medical Gazette* for July, 1904. He describes the dietary provided on active service and finds a deficiency of alkaline food stuffs which were repre-

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* The mean admission-rate for the troops in the North-West and Western Frontier Hill stations (from Gilgit to Chaman) for the last triennium was 8·3 *per mille*.

sented solely by a daily ration of 2 oz of potatoes, the rest of the food being included in the class of acid or neutral cereals and pulses, this view of the etiology being that first propounded by Wright. He adduces in support of this thesis of an acid toxæmia a series of estimations of the alkalinity and coagulability of the blood of patients during treatment with a combination of citrate of potash and chloride of calcium together, in some cases, with fresh milk and fresh meat-juice, the favourable results coinciding generally with increased alkalinity. In all these cases lime-juice was withheld, as in the writer's view, although the fresh juice is undoubtedly of service, that which has been kept for some time in barrels can be of no avail owing to its decomposition into carbonates and free citric acid. Captain Bhola Nauth, I.M.S., who was at Berbera, is said to have confirmed the greater value of fresh lime-juice as compared with the stock commissariat supply, and, in his experience, the advantage lay with the former over citrate of potash given alone, and over fresh milk and fresh meat-juice.

Tubercle of the lungs. Appendices L, H and Q. Tables XXVI to XXIX.

Tubercle of lungs, India.	Ratios *per mille* of strength.			
	1898-1902.		1903.	
	A.	D.	A.	D.
European army.	3.2	·55	3·4	·24
Native army.	3 8	·76	5·9	·68
Prisoners .	8·7	3·78	9·3	3·85

40. It is interesting to compare the incidence of tubercle of the lungs on the European troops, the native troops and prisoners, respectively, during the last year and the previous quinquennium. While on the mean for the longer period the rates for the native troops, and especially the death-rate, are higher than those of the Europeans, they compare very favourably with those of the prisoners. But there has been a very notable rise in the amount of the disease reported among the native troops though the mortality remains fairly stationary ; for instance, the mean admission-ratio for the decade ending 1900 was only 2·8, and the death-rate ·69, and the former has since then gradually risen to just over twice the amount. It is probable also that many deaths occurred among men who were absent from their regiments and these cases are not accounted for in the death-rate. Turning next to the distribution of the disease in place and on *personnel* and taking the returns for 1903, it will be seen (Tables XXVI and XXVII) first, that the case-rate in the Punjab Command is just twice as high as that for India as a whole (11·7 against 5·9 *per mille*), the quinquennial rates, however, give the Bengal Command an incidence equal to that of the Punjab ; next, as regards the geographical groups in the year under review, the Hill stations (XII) stand out with a rate of 16·1 *per mille*, followed by Upper sub-Himalaya (VI) with 7·9, all the rest being below the average. This unfortunate pre-eminence of group XII is chiefly due to the excessive incidence on the Gurkha sepoys, which is clearly shown by the following facts. There were altogether 730 cases with 85 deaths (excluding " absent " deaths) recorded in the whole native army in India during the year ; but no less than 362 and 36, respectively, were reported from the Gurkha regiments, or about one half on the total on little more than one-tenth of the aggregate strength. Putting this in terms of ratios *per mille* of strength, it will be found that while for the native army as a whole, excluding the Gurkhas, the pulmonary tubercle rates were 3·2 and ·43, they were actually 28·9 and 2·8 *per mille*, respectively, for the latter class alone, the case incidence being 9 times and the mortality nearly 7 times greater. The statement annexed shows the contrast carried out

Tubercle of lungs 1903.	Ratios *per mille.* A	D
Gurkha regiments (strength, 12,519).	28·9	2·8
Bengal and Punjab Commands. Combined strength 58,833)	4·2	·49
Bombay and Madras Commands (Combined strength, 53,308)	2·2	·37

in further detail, and it is a constant feature in the returns. To show the extent to which the disease prevails locally, at times, it may be mentioned that out of the total of 362 cases returned from the Gurkha regiments during the year, no less than 248 were reported as occurring in the two battalions of one corps, *viz.*, the 4th Gurkhas, and the great majority of these cases at one station, Bakloh. The medical officer of the 2nd battalion alludes to the prevalence of the disease in Nepal, whence the Gurkhas are recruited, but he points out how much must depend on the character of the barracks, their structure, the air-space and ventilation allowed and maintained, especially in view of the sepoy's ineradicable habit of closing all apertures during the cold weather. Given ample air-space to start with, the problem of ventilation is largely concerned with the circumvention of this habit, by rendering it impossible for the sepoy to control the movements of the air, a matter rendered more difficult on account of the more substantial and impermeable structure of the barracks which the cold necessitates in many hill-stations. It would appear that if other considerations require these stations to be occupied during the winter months, attention should be paid to the scientific warming of the barracks after sun-down, as the first step to successful ventilation. But in this matter it is not only the first step which costs, and there can be little question of the advisability of moving as many of the men as possible to the plains during the winter; life in the open air and nights passed under canvas or in permeable huts, given ample space per unit, would certainly prove the best preventive of phthisis and other lung diseases which put such a heavy tax on the efficiency of the Gurkha sepoy. It must be remembered that a case of tubercle or of pneumonia is not only of the most serious consequence to the individual but also to his comrades by infection, and every case prevented means further gain in the protection of others. For this reason also a systematic examination of the men at regular intervals, to detect cases in the early stage, is a measure that might well be instituted, so that the promptest possible separation from contact with the healthy men may be carried out and the best conditions for the recovery of the sick be secured. With this should also go the disinfection of clothing and bedding by daily exposure to sun and fresh air, if no more potent artificial methods are available; the regular disinfection of barracks is equally necessary.

There were only six cases returned as non-tubercular phthisis during the year as compared with 23, with one death in 1902.

Pneumonia and other respiratory diseases.

Appendices L, M and K, Tables XXXVII and XXVI–XXIX.

41. Pneumonia is invariably the chief cause of death among the native troops, and in 1903 it accounted for over 30 *per cent.* of the total mortality; a comparison with the incidence on the European troops and prisoners is given in the statement annexed which extends back to 1891, and it shows what an important part the disease plays in the vital statistics of the two native classes. As regards the native army there has been little variation in the rates during the last 13 years, but the slight diminution reported in 1903 as compared with the previous year is, so far, satisfactory in view of the in-

Pneumonia.	Ratios *per mille* of strength.					
	1891-1900.		1902.		1903.	
	A.	D.	A.	D.	A.	D.
European troops.	3·8	60	5·9	·97	4·6	·57
Native troops	14·4	3·24	15·3	3·7	14·4	3·06
Prisoners ...	16·2	4·27	13·2	3·38	13·6	3·62

creased prevalence of influenza already noted. A glance at Table XXVII will show how disproportionately heavy the incidence of pneumonia is on groups VII (North-West Frontier and Indus Valley) and XII (Hill stations), and these are followed at no great distance by VIII and VI, while Burma (I) stands at the other end of the scale, and this is according to the usual experience. This distribution will also explain the prominent position taken by the Punjab and Bombay Commands in the returns, and when it is added that the months of greatest prevalence were December, January and February the effect of the low temperatures in the continental and more elevated areas will be evident. Natives of India, who are so universally subject to malarial infection, when aggregated in an unaccustomed climate are peculiarly liable to affections of the lungs, to which also their domestic habits greatly contribute; for their first impulse is to exclude the cold air by preventing ventilation and by covering their heads at night with blankets and quilts which are generally polluted with pulmonary excretion. The highest admission-rates are almost invariably returned from the hill stations on the North-West and West Frontier, and during the past year rates of over 50 *per mille* of strength were recorded in Wana, Mirali-Khel and Fort Sandeman, and if the statistics for the triennium (1901-03) be analysed, it will be found that in the line of stations from Gilgit to Chaman the troops had mean admission and death-rates of 24·8 and 7·15 *per mille*, respectively. Only little less susceptible are the men stationed just within the line of frontier outposts, and then the more or less aboriginal tribesmen who serve in the hilly tracts of Rajputana.

The foregoing considerations apply very generally to the incidence and distribution of other respiratory diseases among the native troops, having regard to the fact that the list includes several different pathological conditions with no etiological identity. A retrospect shows that there has been a very considerable diminution in the sick and mortality-rates under this heading since 1895, a feature which the statistics of the prisoners also exhibit. The state of the case as regards the native army may be appreciated when it is stated that the millesimal admission and death-rates for the decade (1891-1900) were 33·2 and ·61, whereas in 1903 they had fallen to 22·2 and ·21, respectively, which, indeed, are the lowest on record. The records invite no comment beyond the statement that the incidence in proportion to strength was greatest on the small Western Coast group (X), on the North-West Frontier and Indus Valley (VII) and the Hill stations (XII), while, in regard to individual stations, some of those on the North-West and Western Frontier stood at the head of the list in the past year.

Dysentery (1) and Diarrhœa.
Appendices L and M.
Tables XXXVIII, XXVI–XXIX.

42. There has been a notable decrease in the sickness and mortality from dysentery during the last five years, a feature of the returns which has been noticed (Section II, paragraph 19) as regards the European troops, and which those of the prisoners also exhibit in less degree. It will be seen, that in the case of the Native troops, the admission-rate for the year has fallen by 25 *per cent.*, and the death-rate by about 50 *per cent.*, from the respective decennial means, and, indeed, these are the lowest figures on record. As a general rule the highest admission-rates are reported from the

Dysentery.	Ratios *per mille* of strength.					
	1891-1900.		1902.		1903.	
	A.	D.	A	D.	A.	D.
European troops ...	29·6	·87	20·4	·69	16·9	·70
Native troops ...	48·8	·59	46·0	·39	36·6	·30
Prisoners	99·6	6·81	96·4	5·13	88·8	3·73

Assam and Bengal-Orissa groups (III and IV) followed by the Burma groups, the North-West Frontier and hill stations being also above the mean for India, and with slight modifications this order holds good for the year under review; this may furnish another instance of the fact that sickness is least prevalent where the sepoy is most "at home." Of the ten stations with a strength of over 100 men, where the admission-rates exceeded 100 *per mille*, four are situated in the hills, and three in the Indus Valley, and the combined mean rate for the line of Frontier posts along the North-West and Western Frontier amounted to 65 *per mille* during the last triennium.

The various questions involved in the problem of the etiology of dysentery have enlisted the efforts of an increasing body of workers throughout the world during the past year. The first important advances were summarised in these reports for 1901 and 1902 (see Section IV, under Dysentery), and the subsequent results have served to afford much independent confirmation of the specificity claimed by Shiga and Kruse for the bacilli associated with their names and work. It is also evident that besides these varieties,—and by many observers, including Shiga himself, they are regarded as identical—there are others which may be causally connected with the bacillary type of the disease, the whole series being included in the Enteric-Coli group, from the representative members of which they can be distinguished, as also among themselves, by minor morphological and biological characters, and more certainly by the serum agglutination test. At present the evidence is in favour of regarding dysentery as a local affection of the intestine by one or other form of the bacillus, which induces its systemic effects by the secretion or liberation of a toxin, and is thus distinguished from the septicæmia which characterises enteric infection; and further, that under the clinical term "dysentery" we must recognize not an etiological entity but a group of disorders ranging from the infectious diarrhœas of infants and adults through the various degrees of ileo-colitis to the typical disease of the tropics. Recent work has been chiefly concerned in establishing this conception, and with attempts to identify or, on the other hand, to differentiate and classify, the various members of the bacillary group, and among the most interesting of the results has been the demonstration of the etiological identity of the disease in widely-separated areas. Eyre's study of the dysentery in a London Asylum, for example, yielded a bacillus which was strictly comparable in all respects with strains of the *b. dysenteriæ* of Shiga which were obtained from laboratories in Berlin and Philadelphia, and which, presumably, had been isolated originally from cases in the Far East, and this is only one of many similar instances. As far as India is concerned no important addition to our knowledge has accrued during the year, but the work of Castellani in Ceylon has a significant bearing on our particular problem. His most important conclusion is that while there are several forms of the disease prevalent in the island, "by far the most frequent is the bacterial form due to the *b. dysenteriæ* of Shiga and Kruse," this opinion being based on the identification of the bacillus in 19 out of a series of 23 cases examined.

In two cases, in which Shiga's organism could not be found, this observer describes the occurrence of amœbæ, which he was led to identify with the *Entamœba histolitica* of Schaudinn. Lastly, bare mention may be made of the work, of Shiga, Kruse, Rosenthal and Todd in the preparation of antitoxin by the immunization of horses with results which afford promise of great therapeutic value. With regard to prevention, the patient must be regarded as the source of infection and measures adopted accordingly; early recognition of cases, isolation extending throughout convalescence, and scrupulous destruction or disinfection of the excreta, clothing, etc., are the essential points to attend to, just, indeed, as in the case of enteric fever (see Section II) ; a high standard of sanitation, in the fullest sense, affords the best and only certain security against the disease in the endemic areas. A list of the most important references to the literature will be found at the end of this Section.

A very marked decline in the morbidity and mortality from diarrhœa has been a feature of the returns during the last six years, both as regards the native troops and the prisoners. For the former, the mean admission and death-rates for the decade (1891-1900) were 13·6 and ·26 *per mille*, but in 1903, the figures were 7·2 and ·10 *per mille*, respectively, the sick rate being the lowest on record. The relative distribution of the disease, under this name, which merely refers to a symptom, is very similar to that of dysentery, and it is in accordance with common experience that in 1903, the returns were highest from the Bengal-Orissa (IV) and the Hill stations (XII) groups. Medical officers of the cantonments where the disorder was most prevalent ascribe the attacks chiefly to chills and to indiscretions in diet.

Venereal diseases Appendices M and I, Tables XXVIII—XXIX.

43. Venereal diseases were ten times more prevalent among the European troops during 1903, than among their comrades of the native army, there being only 24·5 admissions for this cause for every 1,000 men among the latter against 247 *per mille* in the case of the former ; the decennial mean rates (1891-1900) were 37 and 431 *per mille* for the two armies, respectively. The "civil condition" of the two classes and the other conditions under which they serve are very different, and in the case of the natives we have no parallel to the extraordinary fluctuations in the rates which characterize the European returns. During the last quarter of a century the sick-rate from this cause for the native army has never risen above 42 *per mille* and it has never fallen so low as that of the year under review, 24·5. The accompanying statement will afford the clearest view of the composition of the combined admission-rate and the relative distribution of venereal disease in the native army, a comparison being given of the results for 1903 with the means for the preceding six-year period : this exhibits a great contrast in favor of the Punjab Command in comparison with the other Commands, and also the very notable decrease that has taken place in 1903 which is most marked in regard to gonorrhœa, but is also very considerable in the two stages of syphilis. The decrease in the combined rate is seen to amount to 13 per 1,000 of the strength, equal to 34 *per cent.* on that of the period 1897-

Venereal diseases—Commands.		Admissions to Hospitals Ratios *per mille*.				
		Primary Syphilis.	Secondary Syphilis.	Soft Chancre.	Gonorrhœa,	Total.
Bengal	1897-1902 ...	11·1	11·4	5·9	13·8	42·2
	1903 ...	3·7	7·2	4·3	7·3	22·5
Madras	1897-1902 ...	11·0	13·8	5·4	18·4	48·6
	1903 ...	5·6	8·7	4·8	11·9	31·0
Bombay	1897-1902 ...	10·2	11·6	8·4	19·2	49·4
	1903 ...	4·5	11·6	7·2	10·1	33·4
Punjab	1897 1902 ...	5·2	6.4	3·0	9·2	23·8
	1903 ...	3·0	4·6	2·8	6·8	17·2
All India	1897-1902 ...	8·7	9·9	5·0	13·9	37·5
	1903 ...	4·0	7·5	4·5	8·6	24·5

1902, representing a saving of 1,620 cases during the year. The rates for the different forms of disease may be compared with those reported for the European troops (section II, paragraph 22) and it may be interesting also to compare the relative proportion *per cent.* which each form bears to the total, in the two armies in India, in the army in Great Britain and the French and German armies. It may merely be added, without attaching any significance to the comparison, that the admission-rates *per mille* for all venereal diseases for the years in question were, for the Home army 122·7, for the French army 33·5, and for the German army, 18·1 ; we have seen that they were 24·5 and 247 *per mille* for the Native and European troops in India, repectively.

—	PERCENTAGE OF TOTAL VENEREAL DISEASE.			
	Native Army, India, 1903.	European Army, India, 1903.	British Army, Home, 1902.	French and German Armies, 1899-1900.
Primary Syphilis ...	16·2	13·3	18·1	21
Secondary Syphilis ...	30·5	18·7	19·4	
Soft Chancre ...	18·3	25·0	10·3	14
Gonorrhœa ...	35·0	43·0	52·2	65
Total ...	100·0	100·0	100·0	100

A few words may be devoted to the distribution of venereal disease in the Native army ; and first, it may be said that the Gurkhas invariably suffer in a much higher degree than the rest of the troops, while the sepoys in the Punjab Command show to great advantage in this respect, those in Bengal coming next, but at a very considerable interval. This comparative immunity is doubtless due to the fact that the men are serving close to their homes in these Commands. While the admission-rate for Gurkhas in 1903 was 38·7 *per mille*, it was only 13·6 for the troops (excluding Gurkhas) in the Punjab Command, and for the whole of the rest of the Native army, it was 27·1 ; so that if the Gurkhas be excluded, the amount of sickness in proportion to strength is only half as great in the Punjab Command as in the rest of India, and statistics for a longer period confirm these relative positions in all essential respects. The statement given at the commencement of this discussion provides a clear view of the main facts of the relative distribution in place, and this may be supplemented by a perusal of Table XXVII for the incidence on the different geographical groups, which may be taken to exhibit the normal relations.

Beri-beri (3). Table LIII.

44. There were 122 cases of beri-beri admitted during 1903, of which 8 were fatal against 84 and 10, respectively, in the previous year ; the disease was, as usual, practically confined to the regiments serving in the Madras Command. On the whole, there has been comparatively little variation in the incidence of the disease reported,* either in amount or distribution for many years past, the average annual number of cases since 1894 being 120, and those occurring outside Madras or Burma being rare exceptions. This year no less than 113 cases out of the total of 122 were reported from three regiments, *viz.*, the 63rd Palamcottah Light Infantry, which was stationed at Singapore and Vizianagram, 50 cases ; the 73rd Carnatic Infantry, at Singapore, 47 cases ; and the 81st Pioneers, at Secunderabad, 16 cases. The medical officer of the first-named corps leaves it to be inferred that the disease was acquired at Vizianagram, which has a bad record in this respect ; as regards the second regiment, it is said that as the disease is endemic in the Malay Peninsula, the sources of infection were

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* The case mortality has, however, varied from 6 to 19 *per cent.*

abundant at Singapore, but in neither case is any fresh light thrown upon the etiology of the sickness. The same remark applies to the outbreak at Secunderabad, though it is said that the majority of those attacked were recruits of under one year's service, and a similar liability of young men on first arrival has been frequently remarked in previous years' reports. At Secunderabad it is also noted that the quarters occupied by the men affected were evacuated, thoroughly disinfected and kept vacant, while special attention was paid to the diet; the rice supplied was found to be good and wholesome.

The most important recent contributions to the study of the etiology of beri-beri have been those of Durham[1], Travers[2], Hamilton Wright[3], Professor Uchermann (Norway)[4], and Gerrard[5], all of which deserve careful study by medical officers to whom opportunities for investigation occur, even though, and, indeed, because, a divergence of opinion still marks the latest views. The weight of evidence appears to lean to the view of an acute or subacute specific infection due to a micro-organism as yet undetermined, to the pathogenicity of which other factors are contributory or essential, such factors, for example, as have given colour to the several theories to which different observers have hitherto adhered, and of which the dietetic or physiological, the decomposed food and the emanation theories may be mentioned. The evidence as to the liability of new comers when exposed to the morbific cause, and of those who are subject to conditions of deficient or faulty nutrition appears to be cogent, but we are at present at an entire loss in marking down the particular dietetic element, if such there be at fault. Again, with regard to the question of place infection on which the justification of measures of disinfection rests, there appears to be reason to doubt whether the evidence may not be explained on the view of personal infection from subject to subject among bodies of men in aggregation. The very clear and interesting account of Travers of the marked effect of extra-mural labor in diminishing the disease in the Pudoh jail, on which he bases his reasonable hypothesis of a place infection, does not dispose of Durham's suggestion that personal contact is a prime factor in the spread of the infection. The papers to which reference has been made are especially valuable for the discussion of this question, and from the practical point of view, it would be well, in view of our present ignorance, though that is far from absolute, to deal with cases as infectious to others and to their immediate surroundings, while maintaining all measures of personal hygiene, especially in regard to diet and cleanliness and to ample air-space and ventilation where men are aggregated; and in all these respects newly arrived recruits demand special attention. It is interesting to note the tendency to raise the question of scurvy when outbreaks of beri-beri are under discussion; there can be no question of the pathological identity of the two diseases, but that they should be even fortuitously connected in the minds of observers is, at least, suggestive of certain common contributory factors, the examination of which may serve to elucidate the etiology of one or both.

Guinea Worm. Tables XXIX and LIII.

45. There was a considerable increase in the number of cases admitted for guinea-worm in 1903, the total being 710 against 557 in the previous year and an annual average of 604 for the decennium. As usual, by far the largest number of cases occurred in geographical group VIII, and this was followed by groups IX, VI and VII a distribution which agrees generally with past experience. During the past ten years, just about one-tenth of all cases have been reported from one regiment

the Mewar Bhil Corps, stationed at Kherwara, in the hill-tracts of Rajputana, and this year it contributes 90 cases or over 12 *per cent.* of the total, yielding a ratio of 134 *per mille* of strength. The affection is exceedingly common among the male Bhil population and as, according to the medical officer, the water-supply at head quarters is beyond suspicion, it is probable that the men are infected while at home in their villages. Elsewhere cases were most numerous at Dera Ismail Khan and at Meerut.

Suicide. Table LIII.

46. During the ten years, 1893—1902, there were altogether 167 cases of suicide, an average of nearly 17 *per annum,* and this was the number reported in 1903. Of these 11 were by gunshot, three by drowning, two by hanging and one by opium-poisoning. Suicide is, on the average, fully twice as frequent in proportion to strength among the European troops.

Papers and Books referred to in Section III.

For explanation of abbreviations, see end of Section II.

(1) *Dysentery,*—Lenz : Z. H. XLIII, heft. 3, page 480; Vaillard and Dopter: A. P. XVII, July 1903, page 463 ; Dœrr : C. B., *Orig.* XXXIV, No. 5, page 385 ; Shiga : Z. H. XLI, page 355 ; Jürgens : D. M. W. No. 29 of 1903, page 841 ; Rosenthal : D. M. W. No. 7, page 235, and No. 19, page 691 (1904) ; Firth : L, March 19th, 1904 page 800 ; Gay : quoted in H. R. No. 6 of 1904, page 276 ; Kruse, D. M. W. No. 1, 1903, page 6 ; Eyre : B. M. J. April 30th, 1904, page 1,002 ; Gay and Duval : quoted in C. B. *Ref.* XXXIV, 20-21, page 617 ; Blasi : C. B. *Orig.* XXXIV, No. 2, page 161 ; Park, Collins and Goodwin, *Journal of Medical Research,* quoted in B. I. P. No. 14, 1904, page 598 ; Todd : J. H., October 1904; Castellani ; J. H., October 1904 ; Kitasato quoted in C. B. *Ref.* XXXIV, No. 12-13, page 392.

(2) *Scurvy.*—[1]I. M. G., July, 1904.

(3) *Beri-beri.*—[1]J. H. Volume IV, No. 1 ; [2]J. T. M. September 15th 1904 ; [3]Hamilton Wright : "*On the classification and Pathology of Beri-beri,*" 1904 ; [4]*Central-blatt für Medicin,* June 18th 1904 ; [5]Gerrard, "*Beri-beri, its symptoms,*" etc., 1904.

SECTION IV.

JAILS OF INDIA.

India. Table XL.

47. The vital statistics of the jail population in 1903 present some striking features which, inasmuch as they are the culmination of a record of consistent progress, merit a more general discussion than is usually devoted to them in the text of this section.

The climatic conditions of the year were generally normal and favourable, save in respect of some defect and irregularity of the monsoon rains in June and July, their excess in August and September, and their late continuance in October. The harvests were, on the whole, abundant and food prices steady and slightly lower than in 1902, but the health of the free population was less satisfactory, due chiefly to increased prevalence of plague and malarial fevers, the death-rates being everywhere higher than those of the previous year save in Bengal, and they were above the quinquennial standard everywhere save in Burma. The general prosperity, which is so directly dependant on the food-supply, was marked by a very notable diminution in the jail population, the aggregate strength, which had averaged 118,485 during the previous eight years, falling to 105,729, the lowest figure since 1890.

The release of convicts on New Year's Day, in commemoration of the Coronation of the King-Emperor, certainly contributed to this result, but the chief factor was the large decrease in the number admitted into jail during the year, a decrease which amounted to about 30,000 on the total for 1902.

48. Some acquaintance with the nature of the jail population is important for an appreciation of the vital statistics.

Special influences affecting the jail population.

In the first place, the connection of poverty with crime is specially obvious in this country; a marked feature of the past decade has been an extraordinary increase in the jail population altogether out of proportion to that of the people at large, and this is chiefly due to the conditions of famine and scarcity to which they have been subject; at the same time the accommodation in the jails is limited. Any considerable strain on the food resources is marked by an increase of crime and sickness, the available accommodation of many of the jails is taxed, and prisoners are admitted in poor physical condition and frequently suffering from disease. On the other hand, with a return of prosperity, fewer are admitted, these are in better health and find the conditions of jail life, as regards aggregation, very much more favourable, inasmuch as the great bulk of the sickness and mortality is due to communicable (infectious) diseases.

* Provincial Reports

Again, it is frequently said that the great majority of our prisoners is drawn from the agricultural classes, but these are, of course, in overwhelming preponderance in the free population. A study of statement II*, giving the previous occupation of convicts, does not permit any definite conclusions to be drawn upon this question, but in 1903 only 54 *per cent.* of the total admitted are reported to have been "engaged in agriculture, etc.," and it would appear that an excessive proportion of criminals is drawn from the towns, where the physical standard is at its lowest and where the lower classes have suffered specially from the general rise in prices. The fact that only 13 *per cent.* of those admitted are "habituals" must also be considered in the light of the numerical inferiority of the urban population. Lastly, we have to deal with a flowing and fluctuating population; the total number of convicts admitted and discharged during the year amounted to nearly three times the average strength, and the number of prisoners under trial who passed through the lock-ups was equal to 25 times the average strength, facts of cardinal importance in view of the character of the diseases and their constant introduction from without. Comparisons of the death-rates in the jails with those of the free population are subject to fallacy owing to the defective registration of mortality among the latter, and in any case, they would require correction for age and class (or economic position), but a falling rate in the jails which is synchronous with a rising rate among the people at large is obviously to the credit of the former. And this is precisely the position disclosed, equally with regard to the past quarter of a century and to the year under review, when the statistics are viewed as a whole.

The record since 1881.

49. The last four quinquennial periods of the century just closed, yielded the following death-rates *per mille* for all classes of prisoners combined, *viz.*, 35·96, 33·95, 30·63, and 29·97, the last being the period of famine and scarcity and of the prevalence of plague (1896—1900). Moreover the average population, which was only just over 90,000 in the first lustrum, rose to 114,000 in the last, an increase of over 26 *per cent.* The death-rates for the last 3 years (1901—1903) were 26·87, 24·85 and 21·38, respectively, the whole series thus showing a steady and consistent decrease of mortality, representing a very large annual saving of life. The causes of sickness have remained unaltered in character and have diminished only slightly in amount, while the condition of prisoners on admission has been less favourable and the sources of infection from without more numerous.

It has been calculated that the mortality of males of the free population in India as a whole, under ordinary conditions, is at the rate of 25·8 *per mille* of the number at the age-period 15 to 64 years, which may be held to cover the ages of the prisoners. At present the returns do not afford data for an exact comparison of the age-constitutions of the jail and free populations, but these could easily be obtained by a census of the ages of prisoners to be taken, say, on two days in the year, and it would be advisable to institute such a census.

The fact that the death-rate among prisoners, who are drawn chiefly from the lowest and least resistant classes, has fallen so notably below the standard for the free population at the same ages, will justify this review of the present position and a more detailed analysis of the figures that may provide a clue to past and future progress.

Convicts, long and short term; comparative statement.

50. As regards convicts, and excluding the Andamans Settlement, for which data are not available, a comparison of the results for 1903 with those of the average of the first lustrum in the period reviewed (1881—85) shows, that while the combined death-rate in all jails has fallen from 36·9 to 19·7, or 46 *per cent.*, the share of the district jails in this result has been 34 *per cent.*, while that of the central jails has been 58 *per cent.* With this is connected the fact that the reduction of mortality has been greater among convicts who had passed over six months in jail, *viz.*, 51 *per cent.*, than among those who had been detained for only six months or under, *viz.*, 41 *per cent.* The death-rate of short-term prisoners is consistently highest throughout, due chiefly to their condition on admission, and to the arrangements in district jails, with a flow of population equal to four times the average strength, involving reintroduction of sickness. If we distinguish

among the longer-term prisoners, those detained for periods between six months and three years, and those detained over three years, it is found that the death-rate of the former, from being higher in the first period, has gradually fallen to the level of that of the latter (longest terms), till 1903 the figures were 17·8 and 18·2 *per mille*, respectively, which become 16·04 and 16·8, respectively, in central jails taken alone. The average strength yielding these satisfactory results amounted to 50,000, or 60 *per cent.*, of the total population, excluding the Andamans, and it is obvious that under present conditions, there is no great scope for future improvement in the life prospects of these prisoners.

Prisoners under trial.

51. As regards prisoners under trial, it is to be noted that the average detention in the lock-ups is only about 14 days, and there would appear to be some disinclination on their part to report sickness, for the hospital admission-rates are consistently very much lower than those of convicts in all but two Provinces (Burma and United Provinces). But not more than half their number are convicted, and the non-criminals probably represent a better physical type than that of the convicts. Among all, the stimulus of the hope of speedy release probably operates against complaints of sickness in the early stages, and this may be one cause of the higher morbidity and mortality which fall upon those who are convicted, and during their first six months' sojourn in jail. This would indicate the necessity of careful enquiry into, and early treatment of, all cases of sickness in the *hawalats*.

The death-rates of the prisoners under trial for the three quinquennial periods ending 1900 were 29·65, 28·93 and 31·26, the first two comparing favourably with the convict rates, the last representing the effects of famine and epidemic disease (1896—1900). The short period of detention implies less liability to fatal results from the more chronic forms of disease, and on the other hand, it may be, less complete control of these prisoners on the part of the medical officers. The death-rates for the past three years (1901—1903) are very satisfactory, *viz.*, 21·47, 20·11 and 17·9, respectively, the last figure, as in the case of the convicts, being the lowest on record.

52. Turning next to the chief causes of sickness and mortality among the convicts, and comparing the results for 1903 with those of the first period under review, the returns yield the following analysis :—

Convicts. Sickness and Mortality. Comparative Statement.

Convicts in India.	Admission and death-rates per mille.			
	1903.		1881—85.	
	A.	D.	A.	D.
1. Malarial Fevers	381·3	1·28	450·2	2·61
2. Tubercle of Lungs	10·5	4·17	5·7	2·36
3. Anæmia and Debility	9·7	0·31	28·1	2·26
4. Pneumonia	14·0	3·70	52·1*	5·83*
5. Other Respiratory diseases	39·3	0·82		
6. Dysentery and Diarrhœa	141·6	5·02	182·7	12·92
Total (*a*) ...	596·4	15·30	718·8	25·99
Total all causes (*b*) ...	911·7	21·75	1,099·5	35·96
Per cent. of (*a*) to (*b*) ...	65·4	70·3	65·3	72·2

* All respiratory diseases, including pneumonia.

This shows that at present, as formerly, 65 *per cent.* of all sickness and 70 *per cent.* of all mortality is ascribable to the causes specified above. And further, the reduction in the mortality from these specified diseases, from other causes and from all causes, has been approximately the same, *viz.*, 41 *per cent.* While the general character of the sickness remains unaltered and its amount in the aggregate has been very slightly diminished, the case mortality has been very considerably reduced.

It is important to note that the diseases specified belong to the class of specific communicable infections, and that this list does not, by any means, exhaust the number of these to which prisoners are liable.

53. If, now, the evidence adduced be borne in mind, notably the special liability to sickness and mortality of short-term prisoners and the constant introduction of disease into the jails, the indications for prophylaxis are clear. In the diseases that concern us chiefly, the sick man, his excreta and his immediate surroundings, are the main foci of infection, the danger being enhanced in institutions by the aggregation of susceptible individuals, and by their common use of dormitories and factories, of vessels, clothing, etc. The practical measures indicated may then be summarised briefly as follows.

Preventive measures.

Prevention of the introduction of infection from outside, by careful examination and observation of all on admission, and the use of observation cells in doubtful and suspicious cases to obviate the danger of association with the community. Prompt recognition of all cases of sickness, or the prodromata thereof, at the first examination and at subsequent parades, to remove sources of infection and for treatment. The utmost practicable isolation of the sick as regards both immediate and mediate communications; with this, observation of recent contacts. Disinfection and careful disposal of all infectious excreta,* of clothing, vessels, wards, latrines, etc. Lastly, surveillance of convalescents till they are fit to rejoin the community without danger thereto. All available resources should be utilized to avoid the congregation of convalescents from different infectious diseases.

That these principles are recognized and largely applied is plain from the records; a specific example is furnished by the success which has attended the efforts to exclude plague from, and suppress it within, the jails during the last six years, and precisely the same measures apply to the other infections in varying degree. With all the provinces affected in 1903 and a recorded mortality of 865,578 among the free population, the cases discovered in the jails numbered 34, of which 23 proved fatal. Of the total number of jails, 245, no less than 159 were situated in infected towns or districts, and of these only 14 returned cases of the disease, eight jails recording only one case each. At the same time, indications are not wanting that there is still room for improvement in the application of these measures to some other prominent infections, as, for example, to tuberculosis.

Thus, an analysis of the 294 fatal cases of tubercle of the lungs which occurred among convicts in India during 1903, discloses the fact that the average duration of illness in each case, from its recognition until death, was just under 70 days. This is certainly not due to a large proportion of acute miliary cases; the case histories rather exhibit a tendency to the recognition of the disease only in its more advanced stages. Over 41 *per cent.* of these cases were admitted to jail in good or fair health (good, 38 *per cent.*), 34 *per cent.* in indifferent, and 24 *per cent.* in bad health, and in the majority in the latter categories, phthisis was not recognised as present at the time Thirty *per cent.* of the deaths occurred among prisoners who had not completed six months' detention; at the same time, the effect of incarceration may possibly be traced in the death-rates, which were 2·6, 3·7 and 5·8 *per mille* for short, middle and long-term prisoners, respectively. Much has been done, and is being done, for the segregation of these cases and their treatment on modern open-air principles. But if we are to advance on the lines indicated in respect of all infectious disease, we must look to a development of our resources, *e. g*, the provision of more isolation wards, with self-contained equipment, and, perhaps, of disinfecting apparatus, for the central jails, in the first instance. It remains, before leaving this question of the control of disease, to note a few points of a general character that demand attention.

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* Preferably, destruction by fire wherever possible, and noting, in connection with the habits of natives, the infective character of the nasal, pharyngeal and bronchial excreta, in tubercle, pneumonia, cerebro-spinal fever, leprosy, syphilis, influenza, pneumonic plague, measles and mumps.

The problem emerges clearly when the fact is grasped that of the 2,175 deaths among prisoners in 1903, 859 (40 *per cent.*) were due to diseases of the lungs, including tuberculosis; 260 (12 *per cent.*) to the specific fevers including malaria; and 638 (29 *per cent.*) to specific bowel and liver complaints; total 1,757 or 81 *per cent.* In all three categories, air-space and effective ventilation are the cardinal indications.

Overcrowding and accommodation.

54. With the growth of the jail population, the necessity arises for an increase and improvement of the accommodation; the average strength disguises the fluctuations of the population, and local and temporary overcrowding, which must occur, presents a problem which is recognized and is partly solved by administrative measures. It is specially as regards convicts that difficulties arise, and chiefly in the provinces of Bombay and Bengal; the circumstances of the former have been very adverse during the past septennium, but in only two of the last 21 years has the present nominal accommodation been in excess of the average strength. In Bengal, the most pressing problem, perhaps, is to escape from the arrangement which prevails in many of the dormitories whereby more than two rows of berths are placed between the ventilation apertures in the opposed walls; this applies to one or several wards of no less than 24 of the 48 jails in the province, and the local authorities are fully alive to the need for reform.

Water-supplies.

55. In the matter of water-supply a most satisfactory advance has been made during recent years, in all that concerns the selection of sources and their conservancy. What still remains to be effected in a large number of jails, unprovided with good municipal filtered supplies and which depend on the ground-water, is the provision of securer means of raising, of storage, and of distribution, commencing with the pump and the closed well and ending with taps at the necessary points. With this goes also the exclusion of all unauthorised sources from access by the prisoner.

Diet.

56. And, thirdly, in the same connection, some allusion must be made to the question of diet, a complete discussion of which would greatly exceed the limits of available space on this occasion. That the standard rations are more than ample in amount and excellent in quality is beyond doubt, as proved by a calcu-

lation of their theoretical values and by experience ; in the year now under review 60 *per cent.* of the prisoners discharged had gained weight, 16 *per cent.* only had lost weight. But that 40 *per cent.* derived no advantage in view of the very large excess of theoretical food-value supplied over the standard laid down by the best authorities, raises the question of the justification of this excess, and its general adaptability to the needs of all classes of prisoners, *e.g.*, to non-labouring prisoners, to those on light labour and to all during the first few months of detention. It is significant that dysentery and diarrhœa, which claim so many victims, are fatal to prisoners in inverse relation to the length of their incarceration. Fifty-six *per cent.* of the mortality in 1903 fell upon those who had served a term of six months or less, i.e., on 40 *per cent.* of the average strength ; 32 *per cent.* of the mortality was incurred by those detained from six months to two years, or 37 *per cent.* of strength, and 12 *per cent.* by the rest, or 23 *per cent.* of the strength. Part of the excessive incidence on the first period was due to the condition of prisoners on admission, but 112 of the cases were admitted in good health, 126 in indifferent, and 113 in bad health. Without entering here upon a technical discussion of the relative proportions of the food elements provided in the dietaries, a question which is receiving attention, it may be noted that convicts sentenced to labour receive on the average about 20 ounces of *carbohydrate*, while those undergoing simple imprisonment obtain 17 ounces, which amounts yield theoretical values of 2,300 and 1,980 kilo-calories respectively. This is altogether apart from the supply of *proteid*, which exceeds the standard, and that of *fat* which may be deemed scarcely sufficient. It has to be noted that the majority of our prisoners are suddenly withdrawn from life and labour in the open air, where starchy food can be disposed of more or less adequately, and further, that the standard of body weight at 110 lbs. is only three-fourths of that of the European, for whom the best authorities lay down a supply of *carbohydrate* of 17½ ozs. (kilo-calories, 2,050) for ordinary labour. While taking the different climatic conditions into account and the inevitable waste that is involved in the use of a cereal and vegetable diet, it must still be apparent that waste will not be amended, but rather augmented, by an undue excess of an element, which is the least digestible in the form provided, both by the method of cooking employed and by the amount of cellulose it contains. It can scarcely be doubted that an undue strain is placed upon the intestines and the lungs, and further, that acid fermentation is set up which interferes with the due absorption of *proteid*, the loss of which is detrimental to the function of the tissues in resistance to disease. The case is not one, however, for arbitrary decision off-hand, but for consideration and careful study ; here, as in other matters, it is necessary to revise our procedure in the light of experience and modern knowledge. For the rest, progress will be the fruit of careful adaptation of measures to circumstances, and an intelligent devotion to details. A brief account may now be given of the conditions prevailing in the different administrations in 1903, and the usual details will be found in the tables in the appendix. (See Tables XL to LII, and Appendices N, O, P, Q.)

Burma.

57. Although there was an increase in the number of admissions of all classes of prisoners, the daily average strength was lower than in 1902 ; in this respect there has been a steady decline during the past five years. The ratios of admission to hospital and of daily sick were the lowest on record, but the death-rate rose to 17·07 *per mille* from 15·88 in the previous year. This is accounted for by the increased mortality from cholera, pneumonia, dysentery and diarrhœa, enteric fever, and anæmia and debility. On the other hand, it is satisfactory to note a

decrease in the prevalence and fatality of tuberculosis for which there were 88 admissions and 39 deaths against 121 and 46, respectively, in 1902. Of the total number, 60 cases, of which 25 were fatal, occurred in central jails, but in 15 of the 32 jails no case was recorded. There were 8 cases of enteric fever of which 7 proved fatal, a case mortality which would seem to suggest that non-fatal cases escape diagnosis, but the number is too small for any decisive inference. The highest death-rates occurred in some of the smaller district jails, where the average strength is low and a few deaths give a high ratio. On the other hand, the aggregate death-rate in the central jails accommodating over three-fifths of the population, amounted to only 14 *per mille*, the only considerable mortality occurring in Mandalay (30·13), and here 10 of the 21 fatalities were ascribed to dysentery for which the water-supply is held responsible. It has been derived hitherto from a moat subject to pollution, and every endeavour has been made to render it innocuous by boiling and filtering. This has now been excluded from use and a reputed good and wholesome supply obtained from an artesian well. One further comment may be made on a satisfactory report: a perusal of column 18 in Statement A in the Appendix of the provincial report would appear to show that in many of the jails the site area is unduly restricted; this is an important matter which deserves attention.

Assam.

58. With a slight rise in the total number of prisoners admitted there was a decrease in the average strength, and the ratios of admission to hospital and of constantly sick were the lowest on record; the death-rate was however about the same as in 1902, *viz.*, 31·75 *per mille* against 31·97, the mean for 1896—1900 being 44·24. There were altogether 36 deaths recorded in 1903, of which 33 occurred in three jails, Tezpur (14), Gauhati (10) and Sylhet (9), in which three-fourths of the average strength were confined, and the marked feature of the mortality was the high rates from bowel complaints, dysentery, and diarrhœa accounting for 18, and cholera for 3 deaths. To the former number Tezpur contributed 11 deaths, and to the latter, one, and with an average strength of 210, the total death-rate in this jail was 66·67. While giving due weight to the condition in which prisoners are admitted, there can be little doubt that this record, which places the Assam jails in an unenviable and unapproached position at the head of the list of mortality from bowel complaints, is a subject for concern, and for reform in regard to all preventive measures. The death-rate in Sylhet, the largest jail, fell from 31·89 in 1902 to 21·74 including one death only from dysentery and one from cholera; this is so far satisfactory, but one can scarcely say it represents what is described as a state of "extreme healthiness," when in addition to the deaths taken into account, it is said that five cases were discharged from jail on account of serious sickness.

Bengal.

59. There was a decrease in the daily average strength amounting to 2,161 as compared with 1902, but this did not preclude overcrowding, from time to time, in many of the jails; even where the authorized number was not exceeded, the dormitory arrangements frequently involved all the results of overcrowding; it is also doubtful if the site area in many cases be not dangerously restricted. The ratio of admissions to hospital was very slightly higher, of the daily average sick, distinctly lower than in the previous year, while the death-rate fell from 25·61 to 23·62; the rate for convicts in the central jails, accommodating more than half the total population, was only 17·5 *per mille*. This was due to a general improve-

ment as regards all causes of sickness and mortality save tubercle of the lungs and cholera, which show an increase of 12 and 6 fatal cases, respectively. The diminution in prevalence and fatality of dysentery is satisfactory, but it also serves to direct attention to a few jails, where this scourge of the free population of Bengal found favouring conditions, which the authorities recognize and are concerned to reform. The increase of tuberculosis furnishes support to the Inspector General's criticism of the accommodation in barracks and on the site, for those accustomed to work in the open air and whose dwellings have the qualities of their defects of perviousness. Among the convicts the death-rate from this cause was 4·8, which is exceeded by the Andamans only; in central jails the rate was 5·5, and in district jails, 4·2, an advantage determined probably by the shorter terms of confinement in the latter; segregation and open-air treatment are being carried out as far as circumstances permit, but early diagnosis is essential. In the same connexion it may be noted that the pneumonia death-rate shows but little sign of improvement during the last few years. Cerebro-spinal meningitis which has been a feature of the returns from Bhagalpur in recent years is said to have "practically disappeared," there having been only two cases and one death in 1903. There were 17 cases of plague, with 12 deaths, and it is noted (and this applies to so many other infectious diseases) that means for enforcing "quarantine" do not exist in most jails, and this necessitates the erection of temporary huts, a costly and insecure expedient.

United Provinces.

60. There was a notable decrease in the average population in confinement, amounting to 4,610 as compared with 1902, of nearly 7,000 as compared with 1900. Overcrowding was practically obviated, and this also had the result of largely decreasing the number of transfers between jails. The ratios of admissions to hospital, and of constantly sick were much below the average, and the death-rate, 15·5 against 20·47 in the previous year, was the lowest on record for the Province, and for India in 1903, if the small North-West Frontier Province be excepted, from which the same rate was returned. There was a decrease in the prevalence and fatality of most of the chief disease causes, and notably of tuberculosis and dysentery and diarrhœa, perhaps the best testimony to the success of the administration and executive, when the very considerable rise in the mortality of the free population is considered. Among the convicts in the central jails, which accommodated nearly half the total average strength, the death-rate was only 12·9 *per mille*, and this falls to 10 *per mille*, if one jail, Agra, be excluded, in which an unusual outbreak of cholera occurred. In some of the district jails where the results were less brilliant, there is a constant reference to the introduction of disease from without, and this should serve to point the application of the remarks made in a former part of this report; the exemplary success obtained in these provinces is, indeed, largely the result of the measures set forth, together with the increased accommodation rendered available by the diminished population.

Punjab.

61. The daily average strength of all classes of prisoners was slightly lower than in 1902, and there was no notable overcrowding save in three jails, of which two were central. It is said that under no circumstances are dormitories overcrowded, "but the margin of accommodation is far short of what it ought to be." The ventilation of the dormitories and cells in several of the larger jails has recently been improved, and there is ample evidence in every direction of

constant progress in the amelioration of the hygienic conditions, and no province can show comparable results in the steady decline of mortality during the last quarter of a century. In 1903 the ratios of admissions and constantly sick were well below the average, and the death-rate fell from 25·04 *per mille* in 1902 to 19·16, while that of the free population rose from 44 to 49 *per mille.* With cholera and plague widely prevalent outside, there were only two deaths from the former and one from the latter in the jails during the year, but it is remarked that the arrangements for the disinfection of clothing and bedding, the contamination of which promotes the spread of all forms of infectious disease, are far from satisfactory. All the chief causes of sickness and mortality were less prevalent and less fatal, although certain jails are subject beyond others to the occurrence of pneumonia and of tuberculosis, about half the total mortality from the former being reported from 5 of the largest district jails holding one-fourth of the total strength, while 23 deaths out of 38 from the latter cause occurred in three central jails, accommodating a little more than one-third of the population.

The decline in the rates from dysentery and diarrhœa taken together is a very satisfactory feature of the year's work, the mortality in the last three years yielding ratios of 5·7, 3·9 and 2·6 *per mille* respectively.

North-West Frontier Province.

62. There was a daily average strength of only 1,280 prisoners of all classes, confined in the five jails of this area during the year, a slight increase on the number for 1902. There was overcrowding at Bannu and Kohat for nearly half the year, and at Abbottabad and Peshawar it was also noticeable; this necessitated the accommodation of the excess in tents, in workshops, in the hospital verandahs and cook-house, which is most undesirable. Nevertheless the general health of the prisoners was good, for, with an insignificant rise in the sickness rate, there was a fall in the death-rate from 29·46 to 15·54. There was a decrease in the admissions from all causes, save malaria which was specially prevalent at Dera Ismail Khan, and the mortality calls for no special comment.

Bombay.

63. There was a great extension of the plague epidemic among the free population which in other respects was somewhat better off both as regards general health, and material circumstances, owing to good harvests and lower food prices. The average strength of prisoners of all classes was less by about 2,000 than in 1902, and yet of the 14 jails (excluding the "gangs") in the Presidency and Sind, 10 were overcrowded throughout the year, and one more was subject to temporary overcrowding. This is a serious situation, not of a temporary or accidental nature; it is a standing disability which is bound to leave its mark on the vital statistics, inasmuch as all preventive measures operate at a disadvantage. The record for the year under review presents, however, many signs of improvement; the ratios of admissions to hospital and of constantly sick fell to a point which is very low when the death-rate is considered, *viz.*, 26·41 against 28·89 in the previous year, and this is attributed to the better condition of prisoners on admission and to the decrease in their numbers. There was less sickness under most of the main heads save respiratory diseases, less mortality from all causes save pneumonia. As is to be expected under the conditions prevailing, diseases of the lungs are more frequent and fatal here than elsewhere; while the mortality rate for India as a whole from tuberculosis, pneumonia and other lung diseases combined is 7·3, it rises to 13·07 in Bombay, due to the excess returned under

the latter two heads. Among the convicts in Sind, with an average strength of 1,617, there were 90 deaths (a rate of 55·6 *per mille*) of which 59 were due to these causes, and 49 to pneumonia alone, to which last the small Sind gang contributed 33. The ventilation of the barracks which have roofs of reed mats is said to be good, but the space area per man is only 28 square feet and 280 cubic feet, and it is difficult to see how ventilation in the winter (in Sind) can be adequate without involving dangerous draught. Moreover, the men were locked up earlier at night and the barracks evacuated later next morning to avoid the cold and, with it, the fresh air. The first essential in the prevention of pneumonia is ample ventilation, and for this, ample space; and with adequate clothing, the temperature of the air may be disregarded. The two prisons in Bombay City are structurally very defective and were badly overcrowded; the combined death-rate of the native convicts amounted to 56·6 *per mille*, but as the matter is understood to be receiving the attention of the local Government, any further discussion of it may be deferred.

Central Provinces.

64. Berar having been incorporated administratively with this area, the jail statistics of both will henceforth be discussed under this heading. The recovery of the people from the results of famine is plainly marked in the great diminution of crime, the daily average strength of all classes of prisoners fell, in 1903, to less than half the number confined during the famine (1897), to a point below the lowest previously on record. In spite of this there was overcrowding of convicts, more or less temporary, in five of the jails, and additional accommodation is required for prisoners under trial. The improvement in the health of the prisoners was marked both in regard to sickness and mortality, and this is the case in respect of nearly all the main causes of disease. The death-rate for the period 1896—1900 was 66·18, falling to 23·55 in 1902 and, again, to 18·16 in the year under review, and this with a rise of about 8 *per mille* in the death-rate among the free population. This happy result is largely due to the diminished mortality among convicts reported from Jubbulpur Central Jail, though Nagpur Central and the District Jails, as a whole, also show to advantage, if in less degree, having less leeway to recover. The success which attended the exclusion of plague from the jails was equally satisfactory; although the disease was epidemic in 12 headquarter towns, only three cases with one death were recorded among the prisoners.

Madras.

65. A prosperous year for the people at large resulted in a great decrease in the number of prisoners admitted, and the average strength of all classes confined fell by over 1,500 below the number in 1902. The accommodation in only three of the jails was found insufficient for the local demands, and the disability was reduced by transfers. The general health of the prisoners was very good as shown by the hospital admission and constantly sick-rates, and far below the average both for the Presidency and for India as a whole. The death-rate amounted to 19·20 *per mille* against 18·49 in 1902, and 28·3, the mean for the quinquennium 1896—1900, the slight rise over that of the previous year being due to cholera which accounted for 11 deaths (against 3 in 1902), 7 of which occurred in one jail, Berhampur. There is little that calls for comment in this favourable record save to remark the extraordinarily low death-rate from dysentery to which the convicts, in the central jails especially, were subject. In these institutions

65 *per cent.* of the total convict population is confined, and the mortality from dysentery in 1903 amounted to only 1·7 *per mille* of strength against 3·73 for India as a whole. At the same time the death-rate from diarrhœa is just over double the average elsewhere, so that if the rates are combined, there is little variation from the mean. The post-mortem records support the view that the term "dysentery" is used in a restricted sense in Madras, when compared with the usage elsewhere, and that the lower death-rate does not connote any special immunity to a form of disease which often presents difficulties to exact discrimination. The relative immunity of the large jails of Rajahmundry and Cannanore to all forms of bowel complaints is exceedingly creditable to the officers, or officer, concerned.

Andamans.

66. In 1903, rain fell to the amount of 116 inches, about the average of the previous lustrum, but fully 22 inches below the total for 1902; it fell on 181 days out of the 245 from May to December, *i.e.*, on three days out of four during eight months. A steady increase in the convict population is to be noted during the last nine years, the average strength during 1896—1900 was 10,975, rising to 12,907 in 1902, and to 13,037 in 1903: the large decrease in crime, and in the jail population, in India had not yet affected the Settlement. "Many of the barracks are now filled to their utmost capacity;" the local Jail Manual provides for a *maximum* allowance of cubic space per unit (648 cubic feet), but this appears to be rarely or never attained, and the minimum is uncertain, the only standard maintained being that of floor space (36 sq. ft.), and yet the convicts are aggregated in four rows in the dormitories, an arrangement which renders efficient ventilation incompatible with exclusion of rain. The increase in recent years of the criminal population of the Andamans has not been met by a corresponding increase of accommodation, but improvements in this direction and in the food and water supplies are in progress.

The ratios of admissions to hospital and of constantly sick have been recently nearly twice as high as those prevailing among convicts in India, and the mortality rates for the past three quinquennia were 38·5, 27·8 and 39·08 *per mille*, respectively. In 1903 the ratios are: admissions to hospital, 1,880; constantly sick, 67; deaths, 34·21; against 1,797, 56 and 42·07 *per mille*, respectively, in 1902. But if a distinction is made between "Self-supporting" and "Labouring" convicts, with an average strength of about 2,000 of the former to 11,000 of the latter, it is found that, on the average of the past 5 years, the constantly sick-rate was fully 8 times and the death-rate nearly two and a half times greater among the latter class, or, as 66 to 8, and as 41 to 17. As regards sickness, malarial fevers account for about 60 *per cent.* of the total, bowel complaints for 11 to 12 *per cent.* and respiratory disorders including phthisis, for 6 to 7 *per cent.*; the mortality falling in reverse order, lung diseases yielding 40 to 45 *per cent.*, bowel complaints 30 to 40 *per cent.* and malaria 7 to 11 *per cent.* of the total. The problems which this bare statement discloses have recently received detailed study by the medical officers on the spot, and if the measures proposed could be carried out consistently in their entirety, and with adequate authority and resources, there can be little doubt of the results. These measures were summarised in the report furnished last year, and the hope may be expressed that their effects are visible in the reduction of the mortality from malarial fevers and dysentery to nearly one-half of the amount of the previous year, while there have been 17 less deaths from respiratory diseases, including 14 from pulmonary phthisis,—184 against 201. This is decidedly encouraging to sustained and strenuous efforts, even if the desired end tarry, and there are circumstances in the life conditions of the labouring convicts, of peculiar difficulty. They are exiles, they are put to unaccustomed labour and exposed to stress of weather, of which some indication has been given; it cannot, therefore, be anticipated that the vital statistics will compare favourably with those of convicts in India. Finally, it would be well to modify the form of the Annual Report on the lines of the Indian Administrative Reports; many points would receive elucidation that are at present doubtful and unexplained, and every measure that contributes to the marking down of the causes and incidence of sickness will promote the end in view.

Coorg, Rajputana, Baluchistan, Secunderabad.

67. There was a very considerable improvement in the health statistics of these small jails; in all save that of Secunderabad, the constantly sick-rate was lower than in the previous year, but here and in the Quetta jail there were no deaths recorded in 1903. At Ajmer, the death-rate *per mille* of an average strength of 420 was only 7·14, against 29·57 in 1902, and at Mercara it was 13·89 or just about one-third of the previous year's rate. These fluctuations call for no comment as they are inevitable in the case of institutions the average strength of the inmates of which does not amount to 100, save in the case of Ajmer.

Epidemic disease.

68. In conclusion, a few words will suffice to indicate the prevalence of the chief forms of acute epidemic disease to which the jail population was liable during the past year. Cholera was more prevalent among the free population than in 1902, and the returns from the jails show a rise from 36 cases and 24 deaths in that year to 97 and 57, respectively, in 1903. The only considerable outbreaks were in the Jails at Berhampur (14 cases), Agra Central (12) and Angul (11), the rest of the cases being distributed among 26 jails, Bengal, Madras, Burma and the United Provinces sharing the largest number. The admission rate for India was 1·0 *per mille* of strength and the death-rate ·56, a result which is in accordance with the steady diminution during the last half century. Small-pox was also slightly more prevalent with 62 cases and 6 deaths against 47 and 6, respectively, in 1902; the disease appeared in 30 jails, Dera Ghazi Khan returning 8 cases, Gauhati 6, and Fyzabad 5; the death-rate *per mille* of total strength was ·06, or about the quinquennial average. Influenza caused about the same amount of sickness as in the previous year, 977 cases against 912, with 13 against 16 fatalities, the disease being most prevalent in the Central Provinces, Bengal, Andamans and the United Provinces. The success which attended the exclusion of plague from the jails during the year has been alluded to (page 60). It is also satisfactory to record a marked decrease in the occurrence of cerebro-spinal meningitis, the number of cases and deaths reported during the last three years being 141 and 102, 136 and 108, 34 and 27, in 20, 19 and 14 institutions, respectively. The pathological records scarcely afford conclusive evidence that all these cases were the result of infection by the specific meningo-coccus; influenza, pneumonia and tubercle were, one or more, present in the jails and cannot be excluded from the etiology in some instances. Relapsing fever, which has been a feature of the Bombay returns since the famine, accounted for 102 cases of which 8 proved fatal; all but 7 of the cases, and all the deaths, occurred in the two

jails in Bombay city ; in the previous year the Presidency returned 218 cases with 4 deaths among the prisoners. The diagnosis of enteric fever was made in 45 cases, of which 25 proved fatal, and on the whole, it is supported by the *post-mortem* records, and in a few cases confirmed by the Widal and bacteriological tests. The disease appeared in 28 jails, of which 21 had only one case each, a fact which militates against the discovery of its origin, as to which, indeed, medical officers have little unequivocal evidence to offer, and in most cases they are altogether at a loss for a clue, beyond that of some chance fæcal infection. There were 6 cases (2 fatal) of beri-beri in 1903, shared equally between Burma and Assam. Epidemic dropsy was practically confined to one jail, Barisal, which returned 26 cases with 8 deaths, the continuation of an outbreak in the previous year. Lastly, the prevalence of mumps, confined chiefly to Bengal, the Punjab and the United Provinces, showed a decrease from a total of 1,368 cases in 1902 to 449 in the year under review.

Intestinal parasites.

69. Only 171 cases of intestinal parasites were returned during the year of which *ankylostoma* furnished the largest number, 58, with 1 death, and of these, 54 cases were discovered in Bengal and the United Provinces. This is a subject that deserves closer observation on the part of most medical officers, in view of the prevalence of bowel complaints.

Malarial fevers.

70. Finally, the question of the prevalence, the diagnosis and prophylaxis of malarial fevers is referred to in other Sections of this report, but it is necessary to express the opinion, in this place, that there is a lack of evidence of the practical appreciation of its importance by many of the officers concerned. While no one acquainted with the circumstances would make light of the difficulties, it is impossible to agree that all, or nearly all, has been attempted to utilize all available resources to improve our knowledge and to decrease the prevalence of this most fertile cause of sickness. Partial and perfunctory effort must give place to an enthusiastic and sustained campaign directed against the several links in the etiological chain, and directed with judgement according to the very different local circumstances.

SECTION V.

VITAL STATISTICS OF THE GENERAL POPULATION.

Births in India.

71. In 1903, among a census population of 226,831,150* under registration in the British provinces of India, there were recorded 8,736,652 births, or 54,562 less than in the previous year. The number of births declined in seven provinces, but in Assam, the United Provinces, Madras, Coorg and Lower Burma the numbers increased, the increase being specially remarkable in Madras where a larger number of births were recorded in 1903 than in any previous year. The mean birth-rate of the whole population was 38·96 per thousand, as compared with 39·38 in 1902, the birth-rates ranging in the various provinces from 46·13 in the United Provinces, to 29·48 in Ajmer-Merwara and 26·51 in Coorg. In eight provinces the birth-rate was higher than the death-rate, the excess being greatest in the Central Provinces and Berar, 9·59 per mille, Lower Burma, 9·41, Assam, 9·02, and Madras, 9·01. In Bombay, where the death-rate attributed to plague was 15·22, the total death-rate exceeded the birth-rate by 12·69 per mille; in the Punjab, where the plague death-rate was 10·22, the excess of deaths over births was 6·1 per thousand; in Coorg, the number of births recorded was very small, and in Upper Burma the registration of births seems to be much more defective than the registration of deaths. The mean percentage of male and female births recorded was 106·6, ranging from 127·7 in Sind and 122·8 in the North-West Frontier Province, to 103·9 in Madras.

Deaths in India.

72. The total number of deaths registered was 7,881,125, or 768,789 more than in 1902. The mean general death-rate was 34·7 per mille, as compared with 31·49 in 1902. In Bengal the death-rate was slightly less, and in Assam and Ajmer-Merwara it was considerably less than in 1902; in all the other provinces the death-rates of 1903 were higher than the death-rates of 1902, the excess being greatest in the United Provinces and the Central Provinces. In every province except Assam, the urban were higher than the rural death-rates, but in Madras, where there was a sudden great improvement in registration in rural areas during the year, the excess was only 2 per mille.

The largest number of deaths recorded in one month was 753,663 in November, but in the Central Provinces and Berar alone among the provinces was the maximum mortality recorded in that month.

The smallest number of deaths were recorded in the month of February, but this was due to the shortness of the month, for the mean number of deaths recorded in the day was lower in August (18,954) and July (20,276) than in February (20,750). In December the maximum mortality was recorded in Bengal, Assam, the North-West Frontier Province, Ajmer-Merwara and Madras; and in February the minimum mortality was recorded in Assam, the United Provinces, Coorg, Lower Burma and Upper Burma. In January, mortality in Bombay was at its highest. In April the maximum mortality was recorded in the Punjab, and the minimum in the North-West Frontier Province. June was the month of highest mortality in the United Provinces, and of lowest mortality in Bombay. July was the month of highest mortality in Lower Burma and Upper Burma, and of lowest mortality in the Central Provinces and Berar and in Ajmer-Merwara. In August occurred the largest number of deaths in Coorg, and the smallest number of deaths in the Punjab. In October the mortality in Bengal was at its lowest.

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* The population under registration for births numbers 224,239,195. This is due to the registration of births in Upper Burma being at present limited to 12 towns.

In the United Provinces, the Punjab, the North-West Frontier Province, Bombay and Ajmer-Merwara the death-rates of females were higher than the death-rates of males, the excess of female mortality being most notable in the Punjab, where it amounted to 8·5 per thousand.

Cholera was most fatal in Bengal (death-rate 2·73 per mille), Assam (1·58) and Upper Burma (1·0); and small-pox in the North-West Frontier Province (1·35), the Punjab (·78) and the United Provinces (·46). The highest death-rates from plague occurred in Bombay (15·22), the Punjab (10·22), the Central Provinces and Berar (4·13) and the United Provinces (1·77). Respiratory diseases were most fatal in the provinces which suffered most severely from plague, but the death-rate in the Punjab (3·38) was slightly higher than the rate in Bombay (3·21); the Central Provinces and Berar (1·36) and Ajmer-Merwara (·57) followed, and the rate in the United Provinces (·50) was equalled by the rate in the North-West Frontier Province (·50).

The death-rates from dysentery and diarrhœa were highest in Bombay (3·0), the Central Provinces and Berar (2·66) and Assam (1·99); and the highest rate recorded under fever was in the United Provinces (27·65), where measles was unusually prevalent.

In the following paragraphs will be found the principal details of registration in the various provinces.

Bengal.

73. In 1903, the number of births recorded in the 724 registration circles in Bengal was 2,903,191, or 84, 609 fewer than in the preceding year, and the birth-rate of the province was 39·0 per thousand, as compared with 40·14 in 1902, and a mean quinquennial rate of 38·17.

Among the districts the highest birth-rates were 50·91, 47·55 and 47·42 recorded in Gaya, Noakhali and Monghyr, respectively, and the lowest recorded were 30·53 in Howrah, 28·88 in Hooghly and 15·54 in the urban district of Calcutta. In ten of the towns, including Tikari (53·90) in Gaya, Dumka (48·06) in the Sonthal Parganas, and Nawabganj (46·95) in Malda, rates in excess of 40 per thousand were recorded, but in no less than eighty-five towns the registered rates were below 25, so that the mean urban rate was only 23·74 as compared with 39·81 in rural areas. The mean precentage of male to female births was 105, ranging in the districts from 112 in Howrah to 101 in Gaya.

The recorded deaths during 1903 aggregated 2,481,149, or 7,279 fewer than in 1902, and the death-rate was 33·33 per thousand, against 33·43 in the previous year, and a mean of 30·92 in the previous five years. Among the districts, the highest rates were 48·73, 46·77 and 45·98 recorded, respectively, in Saran, Patna and Shahabad, all districts in which plague was prevalent; while the lowest rates were 23·51, 23·41 and 19·30, recorded, respectively, in Tippera, Ranchi and Singhbhum. The mean death-rate of the towns was 36·39 against 33·17 in rural areas. The higher mean rate in the towns was due to the greater prevalence in them of plague; excessive rates, such as 78·23 in Revelganj, 76·24 in Patna City and 72·34 in Barh being due to the presence of plague; but the mean urban mortality was largely reduced by the effects of bad registration or peculiar conditions in many towns where the birth-rates also are very low, *e.g.*, Ranchi, death-rate 9·08, Nasirabad, 8·52 and Jhalakati, 4·96.

Among the different sects the Hindu death-rate was the highest, 34·55; and the Christian the lowest, 19·07; Muhammadans, 32·06, 'other classes', 24·53 and Buddhists, 23·49 occupying intermediate positions.

The death-rates among male and female infants were 203·5 and 185·1 per thousand born during the year; and boys and girls between one year and five years of age died at the rate of 50·10 and 44·12, respectively. At all age periods, except 15—20, the male death-rates were the higher, the male death-rate at all ages being 34·87 against a female rate of 31·80.

Port of Calcutta.

74. A total of 20,253 European seamen arrived in the Port of Calcutta during 1903, giving a daily average population of 1,145 against 1,154 in 1902. The death-rate in 1903 was less than half that of the preceding year, and considerably lower than the rate in any of the four preceding years. The number of deaths was only 10, including four from cholera, as compared with 23, including 13 from cholera in 1902: the ratio of deaths for the two years were 8·73 and 19·93 per thousand, respectively.

The total number of deaths in and out of hospitals, during 1903, among the estimated native floating population of 25,630, amounted to 152 against 138 during 1902, the ratios being 5·93 and 5·37 per mille, respectively. There were 69 deaths from cholera, but none recorded as due to either small-pox or plague.

Assam.

75. In Assam the number of births registered in 1903, was 187,669, or 7,194 more than in the preceding year, and the birth-rate was 35·57 per thousand, against 34·21 in 1902. The highest district birth-rate was as usual registered in Goalpara, 43·22, followed by Sylhet and Darrang, where the birth-rates were 38·16 and 35·26, respectively; the lowest district birth-rates were 33·19 in Kamrup, 28·04 in Lakhimpur and 27·81 in Sibsagar. In rural areas the mean birth-rate was 35·73 per thousand as compared with 28·24 in the towns. By far the highest urban rate was 48·45 recorded in Barpeta where alone among Assam towns the female population is greater than the male population. The percentage of male to female births ranged from 111·97 in Sibsagar to 104·81 in Cachar, the mean being 106·72.

The number of deaths recorded was 140,069, or 13,001 fewer than in 1902, the death-rates of the two years being, respectively, 26·55 and 29·01. The highest district death-rate was 38·10, recorded in Darrang where *kala-azar* was most prevalent and severe during the year. The next highest death-rates were 33·02 and 27·93 recorded in Goalpara and Cachar, respectively, while the lowest rates were 22·73 recorded in Kamrup, 22·22 in Lakhimpur and 18·23 in Sibsagar. In rural areas the mean death-rate was 26·56 against 26·17 in the towns, among which the extreme rates were 38·57 in Golaghat and 16·09 in Silchar.

Muhammadans and Hindus died at the rates of 27·64 and 23·34 per thousand, respectively, while Christians and 'other classes' died at the rates of 14·41 and 44·24.

The death-rates among infants were 193·83 and 183·38 per thousand males and females born during the year. Boys and girls between the ages of one year and five years died at the rates of 31·51 and 30·54. The male death-rates were higher than those of females at all age periods, except 15—20, 20—30 and 30—40, the general mean being 26·71 among males and 26·38 among females.

Tea Gardens.

76. The statistics relating to the tea-gardens in Assam relate to the year ending the 30th June 1904, during which the mean annual strength of the coolies employed rose from 644,045 to 654,021. Of this number 39·61 per cent. were employed in the Surma Valley and 60·39 per cent. in the Assam Valley, the distribution approximating closely to that of the preceding year. The birth-rate was lower than during 1902-03; the recorded figures of that year, 30·8 per thousand of the total and 98·6 per thousand of the adult female population having declined to 28·9 and 93·4 per thousand, respectively, rates which compare unfavourably with the corresponding ratios of 35·37 and 125·0 for the province.

The death-rate fell from 25·4 to 24·0 per mille. Of the deaths, which totalled 15,742, malarial fevers caused the largest number (2,493) followed by dysentery (2,445), anchylostomiasis (1,985), respiratory diseases (1,884), diarrhœa (1,624) and cholera (738).

There was an improvement in the death-rate of coolies from all districts, but that among coolies from the Central Provinces remains very high and it is suggested that the cause is due to the change of diet which they experience in Assam, rice taking the place of the small millet (*kodan*) to which most of them are accustomed.

The number of unhealthy gardens or those with a death-rate of over 70 per mille, was five only out of a total of 781, against eleven out of a total of 788 in the previous year.

During the journey of the coolies to the Assam Valley, 16 deaths only occurred as compared with 57 in the previous year, 10 against 42 being due to cholera. No death occurred among coolies in transit to the Surma Valley or at the depôts of the Sylhet and Cachar districts.

United Provinces.

77. The number of births registered in the United Provinces in 1903 was 2,200,031, against 2,186,201 in the preceding year, and the birth-rate was 46·13 per mille as compared with 45·84 in 1902, and a quinquennial mean of 42·60. In eleven districts, headed by Shahjehanpur 56·08, Hardoi 55·68, and Budaun 55·24, the birth-rates were above 50 per thousand, and in only two, Naini Tal 31·36 and Dehra Dun 28·49, were they below 35. The mean birth-rate in towns, was 42·88, the rates ranging from 64·73 in Pihani to 23·21 in Mirzapur-Bindhachal, 16·57 in Naini Tal and 12·87 in Mussoorie. The percentage of male to female births ranged from 113·24 in Ballia to 103·20 in Benares, the provincial mean being 107·59 against 107·25 in 1902.

The number of deaths recorded was 1,920,903, against 1,552,046 in 1902 and the death-rate was 40·28 as compared with 32·54 in 1902, and a quinquennial mean of 30·91. The highest district rates were 55·90 in Hamirpur, recorded mainly as fevers and other causes, and 54·14 and 52·11 in Lucknow and Cawnpore, both districts in which plague was severe. The mean rural death-rate was 39·16, against 54·86 in the towns, in many of which, including Cawnpore 89·47, Sahatwar 81·4, Sitapur 78·35, Nawabganj 75·01 and Fyzabad-Ajodhya 71·71, plague was severely epidemic. The second highest municipal death-rate was recorded in Hardwar, where a death-rate of 81·73 per mille includes rates of 8·32 under cholera, 2·97 under plague, 48·91 under fevers and 5·90 under dysentery and diarrhœa.

The death-rate among Christians was 12·00, among Muhammadans 41·01 and among Hindus 39·85, the last rate being reduced artificially by the inclusion of the deaths of certain sects of Hindus among 'other classes.'

Owing to the prevalence of measles the death-rates of children were very high, 279·2 male and 269·1 female infants, respectively, having died among every thousand born, while boys and girls between the ages of one year and five years died at the rates of 89·71 and 88·49 per thousand living according to the census figures. In the age periods 10—15, 15--20, 20—30 and 30—40 the female death-rates were higher than the male, the excess being most marked in the age period 15—20. The mean death-rates were among males was 40·15, among females 40·41.

Punjab.

78. The number of births recorded in the Punjab fell from 880,477 in 1902 to 862,862 in 1903; the birth-rate in the latter year being 42·9 against 43·8 in 1902, and a quinquennial mean of 40·7. Among the districts the highest birth-rates were 50·1, 49·7 and 46·7 recorded, respectively, in Sialkot, Jhang and Mooltan; and the lowest 35·0, 34·5 and 17·3 in Kangra, Dera Ghazi Khan and Simla, respectively. The mean percentage of male to female births was 110·3, the percentages ranging in the districts from 121·8 in Dera Ghazi Khan to 104·6 in Delhi.

While the number of births recorded in 1903 was considerably less than in 1902, the number of deaths was much greater, the figure rising from 886,973 in the earlier to 985,476 in the later year. The death-rate in 1903 was 49·0 per thousand against 44·1 in 1902, and a quinquennial mean of 36·7. Among the districts the highest death-rates were 96·3 recorded in Gujranwala, where the plague death-rate was 63 per thousand, 74·9 in Amritsar, where the plague and fever death-rates were respectively 25·6 and 32·2 per thousand, and 66·1 in Jullundur where the plague death-rate was 28·6; and the lowest, 26·6 in Montgomery, 26·3 in Dera Ghazi Khan and 24·5 in Simla. In rural areas the mean death-rate was 48·58 as compared with 52·89 in the towns, in some of which enormous rates due to deaths registered under the headings plague or fever were recorded. Muhammadans died at the rate of 49·36 per thousand and Hindus at the rate of 48·68; Christians died at the rate of 23·90 'and other classes' to whom the deaths of many persons placed under other headings at the census are credited, at the recorded rate of 64·57.

The death-rates of male and female infants estimated on the number of births recorded during the year, were 260 and 270 per thousand, respectively, the female death-rate being considerably the higher. Boys and girls over one year and under five years of age died at the rates of 72·48 and 80·17, respectively, and at all age-periods the female death-rates were the higher, the provincial means being 45·1 among males and 53·6 among females.

North-West Frontier Province.

79. The number of births registered in 1903 was 62,866, or 4,038 fewer than in 1902, and the birth-rate which was 33·6 in the earlier year fell to 31·6 in the later year, the rates in the district ranging from 36·2 in Dera Ismail Khan to 29·7 in Peshawar. The provincial mean percentage of male and female births rose from 121·9 in 1902 to 122·8 in 1903, ranging from 136·0 in Peshawar to 109·1 in Hazara.

The number of recorded deaths, which in 1902 was 48,624, increased by 7,915 to 56,539 in 1903, and the death-rate rose from 24·4 per thousand to 28·4, ranging in the districts from 35·8 in Dera Ismail Khan to 22·9 in Hazara. In rural areas the death-rate averaged 28·0 against 32·8 in the towns, in some of which high-rates, mainly due to fevers, were recorded. Muhammadans died at the rate of 28·93 per thousand, Hindus at the rate of 23·70 and Christians and 'other classes' at the rates of 8·28 and 13·49, respectively. For every thousand births recorded of males there were recorded 202·9 deaths of male infants, the corresponding figure for females being 198·8. Boys and girls between one year and five years of age died at the rates of 56·60 and 58·05 respectively. At all age periods, except 50—60, the female death-rates were the higher, the mean total rates being 27·6 among males and 29·4 among females.

Central Provinces and Berar.

80. Consequent upon the union of Berar with the Central Provinces, the sanitary administration of the former was taken over by the Sanitary Commissioner of the Central Provinces on November 1st, 1903, and in future the statistics of the Provinces will be treated together.

In 1903, there were 432,491 and 131,057 births recorded in the Central Provinces and Berar, respectively, the birth-rates being 44·27 and 48·16 against 48·29 and 56·9, respectively, in the preceding year. Calculating the total births recorded, 563,548, on the aggregate population of the two provinces the birth-rate was 45·11 per mille as compared with a birth-rate similarly calculated for 1902 of 50·17. Among the districts the highest-rates were 52·09 in Mandla, 51·39 in Wun and 50·38 in Wardha; and the lowest 39·80 in Raipur, 38·82 in Bhandara and 37·41 in Burhanpur, in which plague was particularly severe. The rural birth-rate was 44·90 as compared with 37·25 in the towns in the Central Provinces; the corresponding figures for Berar were 49·42 and 41·15 respectively. The percentage of male to female births was 104·97 in the province as a whole; in the Central Provinces it was 104·90, ranging from 108·91 in Damoh to 103·00 in Mandla; in Berar it was 105·22, ranging between 106·74 in Ellichpur to 103·96 in Wun.

The total number of deaths recorded was 443,697, including 330,104 in the Central Provinces and 113,593 in Berar. The total death-rate was 35·52 as compared with 27·33 in 1902; the death-rate of the Central Provinces being 33·79 per thousand against 25·82 in the preceding year; and that of Berar 41·74 against 32·80. Among the districts, the highest rates were recorded in Burhanpur, 65·31, including 21·95 from plague, Nagpur 58·33, including 20·34 from plague, and Narsingpur 55·34, including 8·15 from plague; the lowest in Balaghat (23·62), and Bhandara (22·66) in both of which plague was comparatively slight, and Sambalpur (20·02) from which plague was entirely absent. In rural areas the mean death-rate was 32·36 as compared with 64·59 in the towns. Among the latter excessively high rates were registered in Kamptee, 166·04, of which 108·11 was due to the occurrence of 4,204 deaths from plague, Amraoti, 129·35, of which 93·12 was due to plague, Nagpur, 115·90 (plague 75·17) and Murtizapur, 100·39 (plague 62·86). Muhammadans and 'other classes' died at the rate of 52·69 and 52·47 per mille, respectively, and Hindus at the rate of 32·23.

Male infants died at the rate 285·1 per thousand born and females at the rate of 257·0. Boys and girls over one year and under five years died at the rates of 53·80 and 47·05, respectively. The female death-rates were very slightly higher than the male rates in the age periods 10—15 and 15—20, the mean rates at all ages being 37·18 among males and 33·89 among females.

Madras.

81. There were 1,165,080 births registered in Madras in 1903, the highest number yet recorded, equal to a birth-rate of 31·2 per thousand, as compared with 28·2 in 1902, and a quinquennial mean of 28·8. The highest district birth-rates were 39·2 in Chingleput, 39·0 in Madras and 34·3 in both Tanjore and Tinnevelly; the lowest rates were 28·0 in Cuddapah, 24·8 in Ganjam and 23·3 in Madura. The mean

birth-rate recorded in the rural areas was 31·2 against 31·4 in the towns. By far the highest urban rate was 87·6 recorded in Sermadevi, a town of about 13,500 inhabitants in Tinnevelly, followed by rate of 50·2 in Vaniyambadi, and 48·4 in Kadayanallur. At the other end of the scale were Nellikuppam, a town of 13,137 inhabitants in South Arcot, where the recorded birth-rate was 3 per thousand, Vempalli (population 10,793) in Cuddapah, where the rate was 1·7, and Vetapalemu in Kistna where the rate was 1·2. The percentage of male and female births ranged from 106.8 in Ganjam to 100·3 in Anantapur, the provincial mean being 103·6.

The recorded deaths numbered 826,663, or 94,226 more than in 1902, and the registered death-rate rose from 20·2 in that year to 22·2 in 1903, which is 1 per mille more than the quinquennial mean. In the districts the rates ranged from 37·9 in Madras to 18·1 in Vizagapatam, 16·1 in Madura, and 14·6 in Ganjam. In rural areas the mean death-rate was 21·5, as compared with 27·3 in the towns. Among the latter the enormous rate of 162·4 was registered in Vaniyambadi (population 12,005) where a death-rate from plague of 113·7 per thousand coincided with a birth-rate of over 50. The next highest death-rate was 56·3 recorded in Tiruppattura, where the plague death-rate was 33·0, and this was followed by a rate of 44·7 in Coonoor, including 14·2 ascribed to plague. In Rajampet, a town of over 15,000 inhabitants in Cuddapah, the death-rate was reported to be 2·7, and in Vempalli and Vetapalemu, respectively, the recorded death-rates were 1·9 and ·5 per thousand.

Muhammadans, Hindus and Christians died at the rates of 24·5, 22·3 and 19·4, respectively.

Male infants died at the rate of 186·7 and female infants at the rate of 168·2 per thousand born during the year, respectively; and boys and girls over one year and under five years of age died at the rates of 30·1 and 28·6. In the three age periods between 10 and 30, the female death-rates were the higher, the general rates for the sexes being 22·8 among males and 21·5 among females.

Coorg.

82. The number of births registered in Coorg was 4,787, or 468 more than in 1902, and the birth-rate rose from 23·91 in that year to 26·51 in 1903, ranging in the districts from 39·10 in Padinalknad to 18·70 in Yedenalknad. The percentage of male and female births was 104·31.

The total number of deaths rose from 4,887 in 1902 to 5,676 in 1903, and the death-rate from 27·06 to 31·43, ranging in the districts from 36·02 in Nanjarajapatna to 29·0 in Kiggatnad. In rural areas the mean death-rate was 29·82, against a town rate of 48·79. By far the highest town death-rate was 83·12 recorded in Virajendrapet, where the mortality from dysentery and diarrhœa was 16·58, from plague 6·30 and from 'other causes' 32·92. The death-rate of Muhammadans was 36·99, those of Hindus and 'other classes' 30·97 and 30·11, respectively. The death-rates of male and female infants were 253·7 and 198·5, respectively, per thousand born; and of boys and girls between the ages of one year and five years 40·83 and 32·93. In the age periods 15—20, 20—30 and 30—40 the female death-rates were the higher, the means at all ages being 30·78 and 32·23.

Bombay.

83. The births recorded in the presidency of Bombay during 1903 numbered only 576, 949, as compared with 631,393 in 1902, and 664, 305 in 1893. The birth-rate, which had risen from 25·19 per mille in 1901 to 34·16 in 1902, fell to 31·22 in 1903. Among the districts the highest rates were registered in Ahmednagar 43·30, Khandesh

42·64 and Nasik 40·18, and the lowest in the City of Bombay 21·19, and in the Sind districts of Hyderabad 17·61, and Thar and Parkar, 13·25. In rural areas the mean rate was 32·37, as compared with 23·56 in the towns. The percentage of male to female births in the presidency as a whole was 107·94, ranging in the districts of Bombay proper from 108·41 in Bombay City and 108·29 in Kaira to 101·15 in Bijapur and in the districts of Sind, from 138·24 in Hyderabad to 116·98 in Karachi.

The registered deaths numbered 811,525, the highest number on record except that recorded in 1900, when the deaths numbered 1,318,783. The death-rate in 1903, which includes a death-rate of 15·22 ascribed to plague, was 43·91 or 4·87 per mille higher than in the preceding year. In the districts of Belgaum and Dharwar, where plague was most severe, the recorded death-rates were, respectively, 74·53 and 73·93 per thousand; in the City of Bombay the death-rate was 65·99, and in the district of Sholapur 64·94. Of the six districts in Sind, where registration is most defective, some were free from plague, and in two of those, Thar and Parkar, 17·95, and Upper Sind Frontier, 15·19, the lowest death-rates were registered. In rural areas the mean death-rate was 41·51 against 18·36 in the towns, among which the mean plague death-rate was 23·89 as compared with 13·19 in rural areas. Among the towns by far the highest rates were recorded in Athni (138·83) a town of 11,107 inhabitants in the Belgaum district, where 1,165 plague deaths were reported, and Ranebennur (123·90) a town of 14,851 inhabitants in the Dharwar district where the plague deaths numbered 1,379. In Ahmednagar the death-rate was 84·45, including rates of 42·23 recorded under plague and 15·54 under respiratory diseases. The lowest rates were 18·36 in Karwar and 14·20 in Vengurla, in each of which only one plague death was reported.

The death-rate of Hindus was 47·70 against rates of 30·65 among Muhammadans, 27·60 among Christians and 27·11 among Parsis.

The death-rate among male infants was 219·57 and among female infants 206·70 per thousand born, respectively; and boys and girls between the ages of one year and five years died at the rates of 53·29 and 51·26. In infancy, childhood, and from middle age onwards, the male death-rates were the higher, but in the age-periods 5—10 to 30—40 inclusive, the female rates were the higher, the difference being most marked in the age period 10—15 when the death-rate of females was 6·71 higher than that of males. Throughout life the mean death-rate among males was 43·42 per thousand, against 44·43 among females.

Lower Burma.

84. The number of births in Lower Burma in 1903, was 184,561, the highest number yet recorded. The birth-rate was 33·54 per thousand against 31·57 in the preceding year. The highest district birth-rate was 46·01 per thousand, recorded in Thayetmyo, followed by 43·64 and 42·76 in Tharrawaddy and Henzada, respectively; and the lowest rates were 26·63 in Toungoo, 25·61 in Thaton and 17·95 in the urban district of Rangoon, where it is reported, the closer supervision now being exercised by the health officer and his assistant is bringing about an improvement in registration. In rural areas the mean birth-rate was 34·52, as compared with 26·50 in the towns. In four towns the recorded birth-rate exceeded 40 per mille, namely, the little town of Zigon where a birth-rate of 89·73 in 1902 was succeeded by a rate of 82·49 in 1903, Gyobingauk, 42·79, Allanmyo, 41·54, and Kawkareik, 41·34. The percentage of male to female births averaged 108, ranging from 119 in Mergui to 101 in Henzada.

The number of deaths recorded was 132,767, or 15,381 more than in 1902 and the death-rate rose from 21·16 in that year to 24·13. Considerably the highest district death-rate was 34·57 recorded in the Rangoon Town district, followed by rates of 30·83 and 30·45 in Thayetmyo and Pegu, respectively; the lowest district rates were 17·41 recorded in Tavoy, 16·44 in Thaton and 15·58 in Mergui. In rural areas the mean death-rate was 22·98 against 32·33 in the towns, in which the rates ranged from 66·57 in Zigon and 46·05 in Kyaiklat, to 21·32 in Letpadan and 15·18 in Mergui.

Buddhists died at the rate of 24·64, Hindus at the rate of 23·44, Muhammadans and 'other classes' at the rates of 20·63 and 20·57, respectively, and Christians at the rate of 16·80.

Male infants died at the rate of 220·52, and female infants at the rate of 168·12 per thousand born; boys and girls over one year and under five years of age died at the rates of 29·16 and 25·37 per thousand living at those ages at the time the census was taken. At all age periods except 30—40, the male death-rates were the higher, the mean death-rate among males being 25·55, and among females 22·52.

Upper Burma.

85. In twelve towns of Upper Burma with an aggregate population of 294,715, made up of 149,314 males and 145,401 females, both births and deaths are registered; in the province generally only deaths are registered. The mean birth-rate of the towns was 37·48, the rates in individual towns ranging from 55·17 in Kyaukse to 30·62 in Minbu. The mean recorded percentage of male to female births was 105, the percentages in the different towns showing extraordinary variation, the extremes of which were 123 in Salin and 73 in Kyaukse.

In Upper Burma the number of deaths recorded was 62,941, and the recorded death-rate was 21·80, ranging in the districts from 38·19 in Kyaukse to 12·02 in Meiktila. In rural areas the mean death-rate was 19·83, against 39·20 in the towns, in which the rates ranged from 64·58 in Kyaukse to 25·46 in Yamethin.

Christians died at the rate of 17·58, Muhammadans at the rate of 20·54, Buddhists at the rate of 21·81 and Hindus and 'other classes' at the rates of 23·21 and 31·95, respectively. At all age periods save 20—30 and 30—40, the male death-rates were the higher, the means being 22·59 per thousand among males, and 21·10 per thousand among females.

Ajmer-Merwara.

86. The number of births recorded in this small province during 1903 was 14,061, equal to a ratio of 29·48 per thousand of population, against a quinquennial mean of 27·67. The quinquennium includes the years 1900 and 1901 when the number of births fell below 8,000 and the year 1902 when the number rose to 17,207. The number of males born to every hundred females born was 117·65, while in 1902 and 1901 the percentages were 115·25 and 119·15, respectively.

The number of deaths registered in 1903 was 13,720, equal to a death-rate of 28·77 per mille. The mortality was lower than in either 1902 or 1901 when the deaths recorded numbered 15,672 and 15,798 yielding death-rates of 32·86 and 33·13, respectively. The quinquennial mean was 53·06, but includes the year 1900, when the death-rate recorded was 119·97 per mille. The death-rate in the districts was 24·20 and in the towns 41·01; the corresponding rates in 1902 were 29·88 and 40·85.

Hindus died at the rate of 29·66 and Muhammadans at the rate of 32·40 per thousand, as compared with rates of 35·05 and 31·49, respectively, in the preceding year.

The recorded death-rates among male and female infants were almost identical, being 260·7 for males and 260·5 for females per thousand of registered births, which represents an increase on the rates of 219·15 for males and 214·41 for females in 1902.

As was the case in the preceding year, the male death-rates were the higher at all age periods, except 15—20, 20—30 and 30—40. The average death-rates of the sexes were 28·52 among males and 29·05 among females.

SECTION VI.

GENERAL POPULATION.

HISTORY OF THE CHIEF DISEASES.

Mortality from different diseases.

87. The accompanying table shows at a glance the number of deaths and the death-rates per 1,000 of population recorded in India from each of the chief diseases during 1903 and 1902. It will be seen that the mortality from any of the other diseases was, as usual, quite insignificant as compared with that recorded under the heading fevers, and that, in 1903, with the exception of small-pox, there was an increase under all headings.

Disease.	Number of deaths.	Number of deaths.	Death-rate per mille.	Death-rate per mille.
	1903.	1902.	1903.	1902.
Cholera ...	312,854	224,136	1·37	1·01
Small-pox ...	93,693	115,443	·41	·52
Plague ...	865,578	583,937	...	...
Fevers ...	4,459,237	4,279,551	19·66	19·17
Dysentery and diarrhœa.	273,459	235,750	1·21	1·06

Cholera in India in 1903.
Appendix A, Statements I, II, III.

88. The number of deaths from cholera recorded in British territory during 1903 was 312,854, equal to a death-rate of 1·37 per 1,000 of the total population under registration. If the deaths recorded in the native states from which returns were received be added (Statement I), the total amounts to 314,298. In the previous year 224,136 deaths from cholera were recorded in British territory, giving a ratio of 1·01 per 1,000 of population. The increase in mortality from this disease was shared by all the British provinces except Assam, Madras, Bombay and Ajmer-Merwara. So far as can be gathered from a study of the reports of provincial Sanitary Commissioners it appears that the increased prevalence of the disease is to be attributed partly, at any rate, to the fact that 1903 was the year when the great *Kumbh Mela*, which takes place once in twelve years, was held. The chief bathing day, which fell on the 13th of April, was attended by about 400,000 people, and all went well until the 16th when some three-fourths of the people had dispersed and the general and sanitary arrangements were being broken up. It is said that on this day cholera broke out with great virulence among a sect of *faquirs* and that from them it rapidly spread to other pilgrims still remaining in and about Hardwar and it is reported that as these people dispersed to their homes, they carried the disease with them into other parts of the United Provinces, into the Punjab, the North-West Frontier Province and the Central Provinces. As regards the seasonal prevalence of cholera during 1903, the disease remained more or less in abeyance over the greater part of the country during the first three months of the year, and even until the end of April the total number of deaths was considerably less than had been recorded during the same period in 1902. From the beginning of May the prevalence of the disease increased rapidly to a maximum in July, and decreased equally rapidly during August, September and October, which was the month of least prevalence. In November and December a second but smaller rise in the mortality from cholera occurred. The greatest numbers of deaths from the disease were recorded during the year in Bengal, the United

Provinces, the Madras Presidency, and the Punjab ; and the highest death-rates in Bengal, Assam, Upper Burma, the United Provinces, Lower Burma and the Punjab.

Cholera in Bengal.

89. In Bengal in 1903 the total number of deaths recorded as due to cholera was 203,405, or 2·73 per mille of the population, as compared with 150,971, or 2·02 per mille in 1902, and 110,753, or 1·48 per mille in 1901. The mortality during 1903 was higher than in any of the previous six years except 1900. No district was entirely free from the disease which attacked 27,309 villages against 22,642 in 1902, and assumed an epidemic form in 116 registering circles against 67 in that year. The district of Champaran in the Patna division suffered most severely and lost 7·69 per mille of its population from this cause. Other districts in which the mortality from cholera was very high were Puri in the Orissa division (6·31 per mille), Shahabad in the Patna division (6·12 per mille), 24-Parganas in the Presidency division (5·82 per mille), and Cuttack in the Orissa division (5·13 per mille). In Champaran the disease prevailed most severely in July and August, causing during this period 9,500 deaths in the district. In Shahabad the disease caused more than 10,600 deaths during the period from June to August. The Civil Surgeon of this district was of opinion that the epidemic was aided by the late commencement of the monsoon, the disease greatly diminishing when rain fell in sufficient quantity to flush and cleanse the sources of drinking water-supply. This was the experience of Civil Surgeons in other districts. In twenty-five districts during the cholera outbreaks tanks and wells were disinfected. In most cases a systematic record of results was not maintained, but the measure is generally said to be attended with beneficial results. In Puri, however, in spite of the wells having been disinfected before the commencement of the cholera season, the second highest death-rate from cholera among all the districts was recorded.

The highest death-rates from this disease recorded in towns were 18·71 per mille in Motihari in the Champaran district, 14·07 in Faridpur and 12·13 in Nadia, both in the Nadia district, and 11·74 in Raghunathpur in the Manbhum district. Among rural areas the highest death-rate (17·41 per mille) was recorded in Basudebpur in the Balasore district.

Among the European seamen of the port of Calcutta there were only 4 deaths from cholera, and there were 69 among the native floating population.

Cholera in Assam.

90. The number of deaths attributed to cholera in Assam during 1903 was 8,360, equal to a ratio of 1·58 per 1,000 of the census population. In the previous year the number of deaths from cholera recorded in this province was 12,658, giving a ratio of 2·40 per mille of population. With the exception of Bengal the death-rate from cholera in Assam during 1903 was the highest among the provinces for the year, and the diminished mortality as compared with that of 1902 was confined almost exclusively to the districts of Cachar and Sylhet in the Surma Valley. Both these districts had suffered severely in 1902. In all the districts of the Brahmaputra Valley, except Kamrup and Lakhimpur, the death-rates from cholera were higher than in the previous year, and in the Darrang and Nowgong districts, both of which had been comparatively free from cholera during 1901 and 1902, the death-rates reached the high totals of 3·76 and 6·73 per mille of population, respectively.

The death-rate from cholera among tea-garden coolies was less than that among the general population of Assam, but in certain districts, such as Kamrup, Sibsagar, and Lakhimpur, where the general population suffered only slightly, the tea-garden coolies suffered severely. On the other hand, the tea-garden coolies in the Nowgong and Darrang districts, where the general population suffered so severely, enjoyed comparative immunity from the disease.

The death-rate from cholera among tea-garden cooly immigrants rose from ·9 per 1,000 in 1902, to 1·6 per 1,000 in 1903, but the ratio is a low one compared with that of most previous years of record.

Cholera in the United Provinces.

91. The total number of deaths from cholera recorded in the United Provinces during 1903 was 47,159, equal to a ratio of ·99 per 1,000 of population as compared with a total of 25,160 and a ratio of ·53 during 1902. It is possible that in the ordinary course of events there would have been but little cholera in the United Provinces during 1903, for the total number of deaths recorded from this disease up to the end of March was less than half the number recorded during the same period in 1902. But in April the *Kumbh Mela,* which takes place once in twelve years, was held at Hardwar. Pilgrims began to arrive in the middle of March, and it is estimated that by the end of the month some 100,000 people were present. Many remained until the Dikhauti fair on April 13th and it is estimated that between the 28th March and this date an average of 200,000 to 250,000 pilgrims were constantly present on the fair site and in the neighbouring towns of Kankhal and Jwalapur. During this period, however, only 11 cases of cholera are reported to have occurred. The great bathing day on the 13th April was attended by about 400,000 people. By the 16th April about three-fourths of these people had dispersed and the general and sanitary arrangements were being broken up. It is reported that on this day cholera commenced with great virulence among the Bairagis, a sect of *faquirs,* and that from them it spread to other pilgrims still remaining in and about Hardwar, who as they dispersed to their homes, are said to have carried it with them to other parts of the United Provinces. Over one-third of the total number of deaths from cholera in the United Provinces during 1903 occurred in July. During this month the temperature was considerably in excess of the normal, and the rainfall very scanty. In August, coincidently with a slight to considerable excess in the rainfall over the different divisions, the cholera mortality began to decline rapidly.

The highest district death-rates were recorded in Garhwal, Ballia, Dehra Dun, Almora, Ghazipur and Rae Bareli and the highest town mortalities were those of Bansdih (11·87 per mille), Ballia (8·38 per mille) and three other towns with ratios ranging from 8·32 to 7·00 per mille. In only 38 towns as compared with 57 in 1902, no death from cholera was recorded.

In Ballia, the Dadri fair, at which it was estimated about 500,000 people were present, took place in November, but no case of cholera was reported to have occurred.

Cholera in the Punjab.

92. The Punjab had been almost free from cholera in 1901 and 1902, only 180 deaths from it being recorded in the former year and only 371 in the latter; but in 1903 cholera was present in epidemic form, and 14,688 deaths from this disease, equal to a ratio of ·73 per 1,000 of the population, were recorded. During the first three months of the year no death from cholera was reported in any part of the province, and it was not until after the Hardwar fair in the United Provinces in April that the epidemic in the Punjab began. It has already been mentioned that cholera broke out at this fair about the 16th of April, and it is said that immediately after the fair, cases began to occur in different parts of the Punjab among pilgrims returning

from Hardwar. There were 229 deaths registered from cholera in April in 15 districts and in each district the first case was said to have been a pilgrim returning home from the Hardwar fair. During May 959 deaths from cholera were recorded, during June 3,054, and during July 6,184. In August the epidemic began to decline considerably, 2,300 deaths being recorded during that month, 1,512 during September, and 431 during October. The highest death-rates from the disease were recorded in the districts of Ludhiana (3·06 per mille), Ferozepore (3·01 per mille), Lahore (2·32 per mille) and Umballa (2·11 per mille). The highest death-rates recorded in towns were 16·51 per mille in Sadhaura in the Umballa district, 12·22 per mille in Sangla in the Gujranwala district, 8·17 per mille in Kasur in the Lahore district, and 7·87 per mille in Palwal in the Gurgaon district. In four other towns ratios of over 5 per mille were recorded.

Cholera in the North-West Frontier Province.

93. In 1903 in the North-West Frontier Province 1,354 deaths from cholera, equal to a ratio of ·68 per 1,000 of the population, were recorded. In the previous year no death from cholera had been returned, and the epidemic which prevailed during the year under review is said to have been traceable to the importation of cases from Hardwar in the United Provinces, either directly or *viâ* Rawalpindi. The first death from cholera reported in the North-West Frontier Province is said to have occurred in Peshawar on the 21st of April. By the 24th of April, 59 villages in the Peshawar district were affected. Early in May the disease invaded the Kohat district, in June it spread to Bannu and at the end of that month the Hazara district was also affected. The district of Dera Ismail Khan was free from the disease. In the Kohat district 2·16 per mille of the population were reported to have died from cholera, in the Bannu district ·71 per mille, in the Peshawar district ·60 per mille, and in the Hazara district ·54 per mille.

Cholera in the Central Provinces and Berar.

94. In the Central Provinces and Berar the total number of deaths recorded as due to cholera in 1903, was 437, or ·03 per mille of the population, as compared with a total of 44 and a ratio of ·003 in 1902. Of the total number of deaths, 363 were recorded in the Central Provinces and 74 in Berar. A small outbreak causing 31 deaths in three months commenced in the Bilaspur district of the Central Provinces in April, and a more important one prevailed in the Murwara district of the Vindhyan division during June and July. In this outbreak the disease was said to have been probably introduced from the United Provinces by lime-quarry workers.

The only outbreak in Berar commenced in the Wun district in August. It caused three deaths in that month, 21 in September, 49 in October and one in November. An outbreak which caused 115 deaths in the Chanda district of the Central Provinces was said to have originated from this epidemic in the Wun district of Berar.

Cholera in the Madras Presidency.

95. In the Madras Presidency there were 27,393 deaths recorded as due to cholera in 1903, giving a ratio of ·7 per mille of population, as compared with a total of 29,769 and a ratio of ·8 per mille in 1902. The districts of Anantapur, Kurnool, and the Nilgiris were the only ones in which no death from cholera was recorded. The highest death-rates in districts were 2·2 per mille of population in Malabar, 2·1 in Trichinopoly, 1·8 in Salem, 1·7 in Tanjore and 1·6 in Madura. In Malabar 6,157 deaths from cholera were recorded and in Madura 4,422. The highest death-rates recorded in towns were 10·4 per mille in Devakkottai and 9·8 per mille in Ramnad,

both in the Madura district, 9·8 per mille in Salem in the Salem district, and 9·6 per mille in Ponnani in the Malabar district. The death-rate recorded in the town circles of the Presidency was ·9 per mille and in the rural districts ·7 per mille.

Cholera in Coorg.

96. No death from cholera was recorded in this small province during 1903. There had been no cholera in Coorg during 1902, but in 1901 the disease caused 58 deaths.

Cholera in the Bombay Presidency.

97. As in 1902 there was again comparatively little cholera in the Bombay Presidency during 1903. Only 1,825 deaths from this disease were recorded during 1903 as compared with 3,230 in 1902, the death-rates per 1,000 of population being respectively ·09 and ·17. Although a few deaths from cholera were recorded in nine other districts, the disease prevailed in epidemic form in only four districts of the Sind province, in which districts 1,752 deaths from cholera occurred. During the first four months of the year the disease was absent from the whole Presidency excepting Bombay city (5 deaths) and the town of Broach (1 death). In May, however, an epidemic commenced in the Sukkur, Larkhana and Upper Sind Frontier districts of Sind. The first case in this outbreak was reported from Thul (old) in the Jacobabad district as having been imported from Hardwar, and another case, imported from the same place, was reported in Shikarpur town on the 3rd of May. Indigenous cases and deaths then began to occur in this town. Sukkur was next attacked and then Rohri; afterwards the disease gradually spread into the rural circles of the Sukkur, Larkhana and other districts. Fortunately the disease remained very localized, and throughout the whole Presidency only 160 villages were attacked during the year. Of these no less than 152 or 95 per cent. were in Sind. There was no cholera in any of the seven cantonments in the Presidency.

Cholera in Burma.

98. In Lower Burma during 1903 there were recorded as to due to cholera 5,346 deaths, equal to a ratio of ·97 per mille of population, as compared with 1,844 or ·33 per mille from the same cause in 1902. The greatest numbers of deaths were recorded during April and May and the fewest during September, December and October. The highest death-rates recorded in districts were 3·07 per mille in Akyab, 1·80 per mille in Amherst and 1·44 per mille in Thongwa; in towns the highest death-rates were 10·78 per mille in Nyaunglebin, 10·12 in Maubin and 7·97 in Kyaiklat. The total number of persons reported to have been attacked with cholera was 8,532, with a case mortality of 63 per cent.

In Upper Burma the total number of deaths recorded as due to cholera during 1903 was 2,887, as compared with only 57 during 1902. The disease prevailed in every district, but the Pakokku and Minbu districts suffered most severely. The death-rates from the disease in these districts were 2·36 and 2·05 per mille, respectively. The highest death-rates recorded in towns were 7·09 per mille in Minbu, 6·94 per mille in Myingyan, and 6·23 per mille in Shwebo.

Cholera in Ajmer-Merwara.

99. No death from cholera was recorded in this province during 1903. The numbers of deaths reported under this heading in 1902 and 1901, respectively, were 32 and 50.

Anti-cholera inoculation.

100. The total number of inoculations performed at the Purulia depôt in Bengal during the year was 1,904 as compared with 3,144 in 1902 and 3,453 in 1901. In addition 298 operations were performed during the month of December at the recently opened inoculation depôt at Asansol. The subjects were all cooly emi-

grants proceeding to the tea districts of Assam. Out of 2,633 uninoculated coolies proceeding by the steamers plying between Goalundo and Dibrugarh, 68 or 2·58 per cent. were said to have been attacked with cholera, 16 of the cases proving fatal; while out of the 199 inoculated coolies who were on board these steamers 4 or 2·01 per cent. were reported to have been attacked by the disease, one of the cases ending fatally.

Small-pox. Appendix B., Table I.

101. The death-ratio per 1,000 of population from small-pox fell from ·52 in 1902 to ·41 in 1903. The total number of deaths recorded during 1903 was 93,693 as compared with 115,443 in 1902 and 89,378 in 1901.

In Bengal the number of deaths from small-pox, which had been steadily increasing year by year since 1899, fell during 1903 to 30,459 as compared with 57,430 in 1902. In Assam the death-rate from small-pox during 1903 was ·21 per 1,000 of population as compared with 1·26 per 1,000 in 1902, but the diminished prevalence of the disease was chiefly confined to the Surma Valley districts, which had suffered so severely from small-pox in the previous year. The mortality in the districts of Darrang, Nowgong, and Sibsagar in the Brahmaputra Valley was higher than in 1902, but in no district was there a marked epidemic. The practice of inoculation is still carried on in some districts, and it is said that many of the inhabitants of the Nowgong district not only disbelieve in the protective efficacy of vaccination, but suspect it of producing small-pox. In the United Provinces 21,950 deaths from small-pox were recorded during 1903 as compared with 4,976 in 1902. The ratio (·46 per mille of population) is the third highest among the provinces for the year. The highest death-rate recorded in districts was 3·46 per mille in Rae Bareli, and the highest in towns 6·22 per mille in Mau (Azamgarh). In the Punjab 15,635 deaths from small-pox, equal to a ratio of ·78 per mille of population, were recorded during 1903 as compared with a total of 11,629 and a ratio of ·58 per mille in 1902. The district of Rawalpindi, in which 2,614 deaths were recorded, was most severely affected, and the best vaccinated district (Kangra) had, as usual, the lowest death-rate. The death-rate in municipal towns was higher than in rural circles. In the North-West Frontier Province the death-rate from small-pox in 1903 was 1·35 per mille of population as compared with ·54 per mille in 1902. The total number of deaths recorded from the disease was 2,694, and of this number no less than 2,500 were children under 10 years of age. The Vaccination Act is in force in only two towns, in both of which the ratio of mortality from small-pox was low. In both the Central Provinces and Berar the recorded mortality from small-pox was considerably less during 1903 than in the previous year, but the provincial Sanitary Commissioner says that the district reports show that a number of deaths which were attributed to measles and chicken-pox were probably due to small-pox. In Berar only 104 deaths from small-pox were recorded but no less than 571 from measles and chicken-pox. In the Madras Presidency 15,015 deaths from small-pox were recorded during 1903, a considerable decrease as compared with the previous year. A scheme for the re-organisation of the vaccination department and for compulsory vaccination in rural tracts has been submitted to the local Government. In the Bombay Presidency the number of deaths recorded as due to small-pox during 1903, was slightly greater than during 1902. Of the total of 2,732 recorded deaths 1,460 occurred in the city of Bombay. In Lower Burma the recorded number of deaths from small-pox fell from 1,565 in 1902 to 1,266 in 1903, but in Upper Burma the mortality from this disease increased.

Plague in India as a whole.
Appendix B, Table IV.

102. Since the commencement of the present epidemic of plague in India in 1896, the disease has been steadily gaining ground year by year. In 1898, the first year in which the mortality from plague was shown in a separate table in this report, 89,265 deaths from the disease were recorded In the following year the number of recorded deaths reached the total of 102,369. In 1900 the recorded deaths decreased to 73,576, but in 1901, the number, *viz.*, 236,433, far exceeded the combined totals of the two previous years. A further increase to a total of 452,865 deaths was recorded in 1902, but even this figure is small compared to that of 1903 when no less than 684,445 deaths from plague were returned. As compared with other causes of death in 1903 the mortality from plague was more than twice as great as that from cholera, two and a half times as great as that from dysentery and diarrhœa, and more than seven times as great as that from small-pox. The total number of deaths recorded under the heading "plague" was about one-seventh of the total number recorded under the heading "fevers." As in the three preceding years the month of highest mortality during 1903 was March. The year 1903 is the third since 1898 in which the month of minimum mortality from the disease has been July: in each of the other years, except 1900 and 1902, it was June. As would be expected, however, the months of maximum and minimum prevalence of plague vary in different parts of India. During 1903 all the provinces of India were more or less affected except Burma where only 9 deaths from plague (all being imported cases) were recorded, and Baluchistan where only 3 deaths were recorded.

In this place it is usual to give a statement of the more recent researches upon plague. To a great extent such a statement is but a record of contradictory results obtained by different observers, and from time to time it is necessary to attempt to select the wheat from the chaff and to summarize such facts as appear to be undisputed, lest, amidst a mass of conflicting evidence, we forget the fundamental principles upon which sound prophylaxis can be based.

The bacillus.

In the first place all observers are agreed that plague is caused by the *b. pestis* and that it is a disease which simultaneously attacks men and certain of the lower animals, especially the rat. Until lately no varieties of the true *b. pestis* were admitted, but Klein[1] has recently suggested the possibility of there being at least two types of the bacillus, *viz.*, (1) a virulent type bred in the human subject, which on gelatine exhibits raised colonies with filmy irregular margins, the bacilli being cylindrical in shape when taken from recent cultures, and (2) a less virulent type bred in the rat, exhibiting rounded translucent colonies on gelatine with coccus-like forms on culture. The rat is susceptible to both these varieties, but it is possible that only such human beings as are highly susceptible can be infected with the less virulent type. Dr. William Hunter[2], the Government bacteriologist of Hong Kong, is evidently of the same opinion as Dr. Klein upon this matter. He considers that rats suffer from two forms of plague, an acute and a chronic; the acute form is produced by the ordinary virulent bacillus met with in man, and the chronic by a strain of the same bacillus which, by continued passage through rats, has become avirulent. The existence of these two varieties of the plague bacillus is important, for it enables us to explain certain questions in the epidemiology of plague which before were not clear.

Length of life of the bacillus in nature.

In the second place it is essential to come to a definite conclusion regarding the limits of life of the bacillus outside the bodies of human beings or of animals. Upon this point there is considerable difference of opinion. Observers have kept pure cultures of the bacillus alive for months or even years by protecting them from light, from drying, and from heat, but such experiments afford no index of the length of life of the bacillus under the conditions it meets with in nature. Under such conditions the presence of saprophytic organisms, the action of heat, of drying, etc., are known to be very harmful to it, and no one has so far succeeded in finding plague bacilli in the air, in dust, or even in the earth unless it has been very recently contaminated with sputum or other material infected with the bacilli. The latest experiments upon the vitality of the bacillus in soil and in buildings are those made by Mr. Watkins-Pitchford, F.R.C.V.S., the Government Bacteriologist of Natal.[3] He found that in soil, the bacillus died out in five weeks and in buildings containing stores of grain and other produce in from four to eight weeks. If we may assume that the life of the bacillus as a saprophyte is thus limited, it would appear that for the maintenance of the disease between epidemic outbreaks infected human beings and animals are the chief factors at work.

Mode of spread of the disease.

This brings us naturally to the mode of spread of the disease. Even during the oldest recorded epidemics of plague a connexion between human plague and rat plague was recognised, but the nature of the connexion is a matter upon which opinions are still divided. Statements are made that epidemic human plague may exist in the absence of rat plague, that human plague may exist for some time previous to the appearance of the disease among rats, and that rat plague does not in every case lead up to an epidemic among men. It was with the intention of attempting to arrive at a solution of the problem regarding the exact connexion between human plague and rat plague that Dr. W. Hunter commenced in 1902 a systematic research into epidemic and epizootic plague in Hong Kong. During that year 117,839 rats were bacteriologically examined and during 1903, 101,056 rats. In 1902, 2,015 of the rats examined were found to be plague-infected and in 1903 the number infected was 3,744. Charts were prepared showing side by side the number of cases of plague occurring each week among human beings and the number of plague-infected rats found. Separate charts were made for each district and another for the whole of Hong Kong. Considering these charts for the two years the following conclusions seem justifiable: (1) the curves of rat plague and of human plague are remarkably similar; (2) at a definite period each year the rat plague curve rises rapidly and is followed at an interval of about a fortnight by a similar rise in the human plague curve; (3) the point of maximum intensity of human plague is about a fortnight later than that of rat plague; (4) the rat plague curve declines and is followed by a similar fall in the human plague curve; (5) the human epidemic becomes extinct but the rat epidemic does not; it remains in abeyance for a week or two and then recrudesces and remains at a low but more or less constant level until the following year, when its curve again suddenly shoots upwards to be followed within a very short time by the yearly epidemic in men; (6) rat plague is therefore epizootic continuously but human plague is only epidemic during the acute exacerbations of the epizootic.

If Dr. Hunter is correct, it appears to follow that epidemics of human plague in Hong Kong are directly dependent upon previous epizootics among rats. The fifth and sixth conclusions are very important for they serve to explain the bridging over of epidemics from one year to another. It has already been mentioned that rats suffer from two forms of plague, an acute and a chronic, and that the latter is caused by an avirulent type of the bacillus. Dr. Hunter has found that it is the chronic form of the disease which is present in rats during the intervals between human epidemics, the latter being present only during the prevalence of acute rat plague caused by the ordinary virulent variety of the bacillus. He considers that the yearly recrudescence of acute rat plague is occasioned by the infection of fresh generations of rats which are highly susceptible to plague infection and that the recrudescence of acute rat plague, and therefore of the human epidemic, occurs at the period of the year when rats are most prolific.

In connexion with the spread of plague by other animals than rodents it will be remembered that in 1902 Professor Simpson[4] stated as a result of his investigations in Hong Kong that "the experiments undertaken demonstrate that pigs, calves, buffaloes, sheep, hens, ducks, geese, turkeys, and pigeons are in addition to rats susceptible to plague, and particularly so when fed with plague material." The great importance attaching to this announcement has led several observers to repeat Professor Simpson's experiments and the result has been to show either that Professor Simpson was mistaken in the diagnosis of the disease from which the animals used in his experiments died, or that the susceptibility of animals in Hong Kong to plague is very different from that of animals in other countries. A careful research in connexion with this subject has lately been carried out by Major Bannerman, I.M.S., at the Plague Research Laboratory in Bombay and another by Mr. Watkins-Pitchford, F.R.C.V.S., in Natal.[5] In the Bombay experiments 4 pigs, 4 turkeys, 2 calves, 4 geese, 4 fowls, and 4 ducks were used and the methods prescribed by Professor Simpson were followed as exactly as possible. The experiments were carried out by " cutaneous inoculation ", by feeding, and by subcutaneous injection, and in every case the results were entirely negative, thus confirming the experiments previously carried out in Bombay by the German Plague Commission. Mr. Watkins-Pitchford reports that in Natal repeated endeavours were made to induce a fatal form of plague by the ingestion of infected materials and by the inoculation of virulent cultures and blood, as well as by close contact with an animal in a highly infectious condition. None of the 20 hens, 10 pigs, and 2 calves used in these experiments contracted plague. It appears then that domestic animals in India and Natal are not liable to contract plague by ingestion, scarification, or subcutaneous injection.

Mode of infection.

Assuming that Dr. Hunter's conclusions regarding the connexion between rat plague and human plague are correct, it becomes necessary to attempt to explain how rat plague is usually communicated to man. The avenues of infection in plague considered to be important, are the skin, the alimentary tract and the respiratory tract. Regarding the respiratory tract but little need be said, for most, if not all, observers are agreed that it is chiefly of importance in connexion with cases of primary pneumonic plague which are caused by the direct conveyance of bacilli from one person to another by means of microscopic particles of sputum scattered about during the acts of coughing, sneezing, or even speaking. As regards the skin Albrecht and Ghon[6] made the important observation, which has been amply confirmed, that plague bacilli when rubbed into the shaved skin of a rat or guinea pig always occasion a lethal infection. It is probable that a slight abrasion of the skin is a favouring circumstance in this mode of producing the disease, and in performing " cutaneous inoculation " with animals Klein makes a practice of scraping off the superficial epidermis and of slightly scarifying the exposed surface before rubbing in the contaminated material. He is evidently of opinion that the skin is the usual avenue of infection in plague. Hunter, on the other hand, while not denying that cases are frequently met with in which plague infection has occurred through an abrasion of the skin, says that the evidence at his disposal is decidedly against the conclusion that the skin is the common portal through which the plague bacillus gains an entrance into the bodies of men or animals. Influenced, doubtless, by the results reported by Professor Simpson referred to above, he considers the alimentary canal to be perhaps the most important point of entry of the bacillus into the body. Some of the grounds upon which he founds this conclusion are the following: (1) the symptoms complained of by plague patients in the earliest stages of the disease are often referable to the gastro-intestinal tract; (2) the condition found in the gastro-intestinal tract on *post mortem* examination is strongly suggestive of alimentary incorporation of the bacillus; (3) the bacillus is present very abundantly in the fæces of men and animals suffering from plague; (4) the bacillus is little if at all affected by the gastric juice; (5) experimental evidence in animals yields constant positive results. Pigs, fowls, sheep, monkeys, etc., if fed on plague-infected material contract the disease with certainty; (6) in the rat the usual mode of infection is by the mouth; (7) food and articles of diet have been found infected with plague bacilli; (8) vermin such as flies, cockroaches, ants, etc., may harbour plague bacilli and convey the virus to food used by men or animals. Several of these reasons could be used equally well for an argument in favour of infection by the skin, and some of them are directly contradictory to the experience of other workers. The negative results obtained by Albrecht and Ghon in feeding experiments upon pigs and other animals were referred to in last report, we have seen that feeding experiments failed in Bombay and Natal, and Klein[7] has lately published an account of some experiments on rats which point to infection by the alimentary canal being of very rare occurrence in these animals. He points out that the readiest means of giving plague to a rat is by cutaneous inoculation or by sub-cutaneous injection, that amongst half grown and adult sewer rats an animal without any wound or abrasion is rather rare, that plague bacilli are present in the fæces and urine and are therefore distributed over any article with which the dejecta come in contact and that in this way it is easy to understand how the rat (with its frequent cutaneous wounds) becomes infected. He also points out that by whatever way, sub-cutaneously or cutaneously, a rat is infected, the abdominal viscera always participate in the disease, so that the presence of lesions in the intestines and mesenteric glands cannot be regarded as having been due exclusively to infection by food. In addition, out of 20 rats fed with the viscera of guinea pigs and rats dead of typical plague only one died of plague, and even in this instance it was not improbable that the lungs had been the site of entrance of the virus.

The evidence is so conflicting that it is impossible at present to arrive at a definite conclusion as to the usual avenue of infection in plague, and it may well be that this will vary with the circumstances. In connexion with infection by way of the skin it is perhaps no over-statement of the trend of present opinion to say that infection by the bites of fleas, bugs and other suctorial insects is now regarded by the majority of observers as far less probable than at the time of Simond's original suggestion. The opinions of Galli Valerio, Kolle, Nuttall, and Dieudonné[8] on this subject were referred to in last report. Simpson and Hunter[9] have also endeavoured to procure the infection of healthy rats and monkeys by plague-infected rat fleas with entirely negative results. Klein[10] has also failed to produce infection in healthy rats by this method. In connexion with infection by way of the alimentary canal, Hunter attributes an important rôle in the spread of plague to flies and especially to cockroaches. During the epidemic of plague in Hong Kong in 1903 he examined a large number of flies and on the bodies of at-least 75 per cent. of those examined plague bacilli were found. On cockroaches also he found plague bacilli. There seems no reason to doubt that whether we regard the usual avenue of infection in plague to be the alimentary canal or the skin, the danger of the spread of plague bacilli by non-suctorial insects is very great.

Conclusions as regards prophylaxis.

It is not possible, for the reasons given above, to state definitely the exact mode by which rat plague is communicated to human beings, but if we accept the conclusion that the annual recrudescence of human plague epidemics is directly dependent upon a previous epizootic among rats, it is a secondary matter from the point of view of prophylaxis, by what mode the bacillus of rat plague gains entrance into the human body; whatever the exact mode of transference there can be no doubt of the importance of measures directed against rats, for whatever is effected by other measures, the yearly epizootic rat plague will still recur, to be followed inevitably by epidemic human plague. Whether Dr. Hunter's conclusions are correct or not they certainly point the way in which research might profitably be carried out in India. The seasonal prevalence of plague in this country is as definite as in Hong Kong and it should not be difficult to show whether the bridging over of epidemics is dependent upon chronic infection in rats, whether the commencement of the yearly epidemic occurs at the season when fresh generations of rats appear, as is reported to be the case in Egypt, and whether the human epidemic follows an acute exacerbation of the epizootic among rats. If such should be shown to be the case an energetic campaign against rats carried out during the interval between the human epidemics might possibly meet with success. This is a measure which, it need scarcely be said, has been carefully considered by the authorities, but the very obvious difficulties, arising chiefly from the prejudices and apathy of the people in a matter which demands their willing co-operation, have hitherto been deemed to render the possibility of an effective campaign against these vermin more than doubtful, if not dangerous. In sanitary measures which affect intimately the domestic institutions and religious prejudices of the people of this country the authorities are frequently compelled to defer the scientific ideal to considerations which would not apply elsewhere. The sustained experience which the people have now suffered of the prevalence of the disease has gone far to foster the growth of the necessary confidence in the measures directed by Government for their relief, and their co-operation and sympathy may now perhaps be relied on more confidently, if the areas for an experimental effort, in the first instance, be judiciously selected and the necessary measures be carefully planned.

Plague in Bengal.
Appendix B, Table IV.

103. The mortality recorded from plague in Bengal during 1903 was nearly twice as great as during the previous year, the total number of deaths recorded as due to this disease being 65,680, or a ratio of ·88 per thousand of population, as compared with a total of 32,967 and a ratio of ·44 per thousand in 1902. The highest death-rates recorded in districts were 10·61 in Saran, 9·69 in Calcutta, 7·19 in Patna and 3·87 in Shahabad. The disease was present in 29 districts in 1903 as compared with 24 in 1902 and in most districts where the disease occurred during both years the death-rates were higher in the former than in the latter year. The monthly mortality from the disease showed the same peculiarity as regards rise and fall as had been noticed in previous years, *viz.*, a rise to the maximum in March, a steady fall month by month to the minimum in August, and a recrudescence in September and subsequent months to the end of the year.

It appears that throughout the district of Saran the people practised evacuation of villages very largely, but it is said that their general attitude towards the disease was one of marked apathy. Inoculation met with little success in this district, but disinfection was in many cases asked for. In Patna, on the other hand, chemical disinfection was said to be unpopular, though desiccation by burning cowdung cakes on the floors was said to have been understood by all and to have been carried out by many.

Plague in Assam.

104. Assam, which had remained free from plague until 1903, experienced a small epidemic causing 37 cases with 28 deaths in that year. The first cases were detected about the 16th of May in Dibrugarh. It had been noticed for a few days that rats were dying in great numbers, and as the first and most of the other cases occurred in the foreign grain bazaar, in which neighbourhood the dead rats were also found, the first measures taken were based on the supposition that the outbreak was due to the importation of infected grain or rats. The measures were successful and the last death occurred on the 3rd of July. The disease did not appear in any other part of Assam during the year.

Plague in the United Provinces.

105. In the United Provinces there was again a great increase in the mortality from plague, 84,499 deaths being recorded from this cause during 1903 as compared with 43,487 during 1902 and 9,778 during 1901. Deaths from plague were reported from 38 districts in 1903 as compared with 34 districts in 1902. The highest death-rates recorded in districts were 11·10 per mille in Cawnpore, 9·07 per mille in Allahabad, 6·69 per mille in Lucknow, and 6·19 per mille in Ballia; and the highest in towns were 35·33 per mille in Sahatwar in the district of Ballia, 29·91 in Cawnpore and 29·44 in Fyzabad-Ajodhya. As in the previous year most deaths from plague were recorded in March and fewest in July. In the spring of 1903 the control of plague measures was placed under the Inspector-General of Civil Hospitals, assisted by a chief plague officer, as part of the general medical administration of the provinces.

Plague in the Punjab.

106. The total number of deaths from plague recorded in the British districts of the Punjab in 1903 was 192,068 as compared with 175,645 in 1902. In native states 18,629 deaths from plague were reported. The epidemic prevailed from the commencement of the year in 14 districts, and seven more districts became infected later in the year. The largest numbers of deaths in districts were 44,267 in Gujranwala, 25,355 in Amritsar, 24,664 in Lahore, and 23,826 in Jullundur. The disease attained its maximum intensity in April and was at its minimum in August. By a resolution of the Punjab Government important changes were introduced in the measures for dealing with plague and in the administration and control of plague operations. As regards the measures for dealing with plague, the element of compulsion has been almost entirely eliminated, and while the local Government has recognised and provided for the obligation of rendering assistance to the inhabitants of plague-stricken towns and villages, it has left the choice of adopting or neglecting precautionary measures almost entirely to the people themselves. In villages the only occasion on which compulsion may now be resorted to for the adoption of any precautionary measures is in the case of evacuation, and even here compulsion may be applied only to an inconspicuous minority who refuse to leave their houses in opposition to the wishes of the remainder of their fellow villagers. In towns compulsory action is limited to the isolation of houseless or unattended persons suffering from plague. Chemical disinfection by official agency is still advocated both in towns and villages, but in

villages it is limited to the initial stage of a fresh outbreak of plague, and in towns, although it is directed that the free disinfection of infected houses and rooms should be offered throughout the epidemic, it is directed to be carried out only if the owners consent to have their clothing and other belongings disinfected. In cases where chemical disinfection is not carried out, the desiccation of infected houses and rooms has been advocated. Inoculation is still freely offered to the people, and all dispensaries in the province in charge of Assistant Surgeons have been provided with inoculation equipment.

Plague in the North-West Frontier Province.

107. In the North-West Frontier Province during 1903 the number of deaths recorded as due to plague was 49, as compared with four in 1902. All the deaths occurred in the Hazara district. The earlier cases were probably imported from Dhariwal near Gujranwala, Wazirabad, and Rawalpindi. There was no plague west of the Indus.

Plague in the Central Provinces.

108. The epidemic of plague which had commenced in the Central Provinces at the end of 1902 extended rapidly and spread widely. During 1903 no fewer than 35,335 deaths from this disease were recorded in the Central Provinces, and even this number is not considered by the provincial Sanitary Commissioner to nearly represent the true plague mortality. He was of opinion that many deaths recorded under the headings of "fevers" and "other causes" were really due to plague, and considered that the actual plague mortality probably exceeded the recorded mortality by about ten per cent. The highest death-rates recorded in districts were 21·95 per thousand in Burhanpur, 20·34 in Nagpur, 13·30 in Jubbulpore and 12·75 in Hoshangabad. In the town of Kamptee in the Nagpur district the very high death-rate from plague of 108·11 per mille was recorded, and in the town of Nagpur the high rate of 75·17 per mille. Death-rates of between 50 and 60 per mille of population were recorded in the towns of Hoshangabad and Harda in the Hoshangabad district, Barhanpur in the Barhanpur district and Jubbulpore. There were two distinct periods of plague prevalence—the first continued from the previous year and terminated early in May; the second commenced in August and lasted till the end of the year. The highest mortality during the first epidemic occurred in March and during the second epidemic in November. The attitude of the people in general is said to have undergone a change for the better; they have begun to realize that unless they protect themselves the State can do but little for them. They understand the value of evacuation and the desirability of temporarily excluding arrivals from infected areas. Both inoculation and chemical disinfection are said to be unpopular.

Plague in Berar.

109. Plague made its first appearance in Berar in 1902, during which year 4,188 deaths from it were recorded. In 1903 the number of deaths reported as having been due to plague in Berar was 16,179. All the districts were more or less affected and out of a total of 43 towns only 8 escaped. A death-rate from plague of 93·12 per 1,000 was recorded in the town of Amraoti and rates of 60 per 1,000 or over were returned in five other towns.

Plague in the Madras Presidency.

110. The total number of deaths from plague recorded in the Madras Presidency during 1903 was 13,006 as compared with totals of 11,362 in 1902 and 3,035 in 1901. As in the previous year the disease was most prevalent during 1903 in the Bellary district in which it was responsible for a total of 5,896 deaths and a death-rate of

6·2 per mille of population. The Nilgiris came next with a death-rate of 5·6 per mille. Out of the total of 22 districts in the Madras Presidency the disease was during 1903 indigenous in eight and four were entirely free. The highest death-rates from plague recorded in towns were 113·7 per mille in Vaniyambadi, 33·0 per mille in Tirruppattur, both in the Salem District, 26·5 per mille in Hospet, 20·6 per mille in Rayadrug, both in the Bellary district, and 14·2 per mille in Coonoor and 13·2 per mille in Ootacamund, both in the Nilgiris.

Plague in the Bombay Presidency.

111. In the Bombay Presidency during 1903 the total number of deaths recorded as due to plague was 281,269, an excess of nearly 100,000 over the figures of 1902 and considerably the largest number recorded in any province during the year. In 1903 the Bombay Presidency has gained the unenviable distinction of being the first, and so far the only, province in which the recorded mortality from plague has exceeded that from "fevers." The mortality recorded from plague in this Presidency during 1903 was the highest since the commencement of the epidemic in 1896, and all districts were affected except Thar and Parkar and the Upper Sind Frontier.

Plague in the city and port of Bombay.

112. In the City of Bombay 20,751 deaths from plague were recorded during 1903 as compared with 18,694 during 1902. The disease prevailed in epidemic form from January to May inclusive. At the inspections of outgoing and incoming vessels and of vessels lying in the harbour, 97 cases of plague were detected. Among the passengers and crew who were sent to the port observation camp from the outward inspections, 39 developed plague and were sent to the Modikhana hospital for treatment.

Plague in Burma.

113. Only ten cases of plague—all imported—occurred in Burma during 1903. Five of the cases were detected in the port of Rangoon at the medical inspections imposed on all incoming vessels arriving from India or other infected ports. Two cases occurred at Moulmein on a steamer from Bombay and two on a steamer from Calcutta. The remaining case was that of a military policeman who arrived in Rangoon town from Satara in the Bombay Presidency. The successful resistance to the invasion of plague from infected centres justifies the stringency with which the rules in force in Burma have been carried out.

Plague in Baluchistan.

114. In Baluchistan three deaths from plague were reported during 1903 as compared with 30 during 1902. There were in all only four cases reported during the year. All were imported cases and the disease did not spread.

Plague in Rajputana and Ajmer-Merwara.

115. In Rajputana 2,442 deaths from plague were recorded during 1903 as compared with 149 during 1902 and 185 during 1901. In the Banswara State plague was indigenous at the commencement of the year, but by energetic measures and prompt evacuation of infected areas the spread of the disease was stopped, and from May until the end of the year the State was free from indigenous plague. In the Alwar State plague appeared in February, but was not reported until March. The State was free from the disease during July and August, but was re-infected from the Punjab in September. In the Mewar State 676 deaths from plague were recorded; in the Banswara State 648 deaths; in the Alwar State 420 deaths, and in Tonk 326 deaths. In Ajmer-Merwara 48 deaths from the disease were recorded.

Plague in Central India.

116. Plague commenced in Central India at the end of September 1902 and continued with great severity throughout the year 1903, during which no fewer than 26,169 deaths from the disease were recorded as compared with only 408 in the previous year.

Plague in Mysore.

117. The total number of deaths recorded as due to plague in Mysore during 1903 was 20,223 as compared with 26,301 in 1902. Disinfection of clothing and houses with a solution of perchloride of mercury, and desiccation of houses by burning dried cowdung cakes in them, were the measures upon which most reliance was placed.

Plague in the Hyderabad State.

118. The total number of deaths recorded from plague in the Hyderabad State during 1903 was 28,094 as compared with 8,934 in 1902. The epidemic, which had prevailed during the previous year, attained its maximum intensity in February 1903 and then quickly declined in severity, almost ceasing in June. In July, however, a recrudescence occurred and the number of deaths recorded in December was almost equal to that recorded in February. The largest numbers of deaths were reported in the districts of Aurangabad, Bir, Usmanabad, and Lingsugar.

Fevers. Appendix B, Table II.

119. The total number of deaths recorded under the heading of fevers during 1903 was 4,459,237, or a ratio of 19·66 per 1,000 of population as compared with a total of 4,279,551 or a ratio of 19·17 during 1902. As in the previous year the increase in the mortality from fevers during 1903 was coincident with a very large increase in the prevalence of plague, and it is probable that many deaths from plague were returned as having been due to "fever." The year 1903 was, however, in all respects more unhealthy than 1902 and, although year by year it becomes more apparent that malarial fevers are a factor of less importance as a cause of death than has been generally supposed, it is not improbable that some portion of the increased mortality may have been due to an increase in the prevalence of malarial fevers. The greatest number of deaths from fevers were, as usual, recorded during the last three months of the year, but the excess in mortality during these three months was not nearly so great as might have been expected if malarial fever were the chief factor causing the deaths reported under the heading of fevers; and with the exception of these three months the largest number of deaths were recorded in June, the month during which malarial fevers are least prevalent over by far the greater part of the country. Some idea of the use that is made by village agencies in Bengal of the heading 'fevers' is given in the report of an enquiry carried out in the district of Dinajpur in Bengal by Captain Rogers, I.M.S. This officer sought out the relatives of 1,000 people whose deaths had been recorded by the reporting agents in villages of that district during 1903 under the heading "fever," and enquired from them the symptoms, course and duration of the illness in case. He concluded that 318 of the deaths had been due to acute or chronic malarial fevers, 217 had been due to pneumonia, 90 to phthisis, 23 to bronchitis, 102 to diarrhœa, 18 to enteric fever, 61 to dysentery, 104 had occurred in infants who had been "born feeble," and 67 had been due to "other causes."

In Bengal the death-rate from fevers during 1903 was 22·23 per 1,000 of population against 23·13 in 1902. The majority of deaths occurred in November and December, but a very large number were returned in March, coincident with the maximum period of plague mortality. The highest death-rate from fevers during the year was recorded in the district of Dinajpur, and after the close of the year Captain Rogers, I.M.S., was deputed to make a special enquiry into the cause of the great unhealthiness of this district. The results of that portion of his enquiry which referred to the incorrectness of the diagnoses made by reporting agents in villages have been briefly noted above. This part of his investigation occupied so much time that he was unable to do much microscopic work, but in the spleen blood of 30 cases suffering from fever and enlargement of the spleen he found malaria parasites in five and the parasites which are presumed to be the cause of *kala azar* in ten. The latter parasites have also been found as a cause of fever in other parts of Bengal. Some cases of so called "Burdwan fever" have been shown by Captain James, I.M.S., to be of this nature and also some cases of fever occurring in Dacca. It would be of interest to ascertain whether the natives in Dinajpur and other districts of Bengal where a high mortality from fever is recorded, regard the dangerous fever from which they suffer as malarial fever or whether, like the natives of Assam, they regard it as so essentially different as to require a special name. In Assam the death-rate from fevers during 1903 was 14·22 per mille as compared with 14·72 in 1902 and 15·86 in 1901. The total number of deaths recorded as due to *kala azar* in 1903 was 5,033. Since 1897 there has been a steady decrease in the number of deaths recorded year by year from this disease, but Captain James, I. M. S., who has lately made a tour of investigation in Assam, expresses the opinion that *kala azar* is much more prevalent than is generally thought to be the case. There is no very obvious reason why the death-rate from dysentery and diarrhœa in Assam should be so much higher than in Bengal, and it is possible that many deaths from *kala azar*, which frequently terminates with dysenteric symptoms, are returned under the heading of bowel complaints. The tables given by the provincial Sanitary Commissioner show that while 5,033 deaths from *kala azar* were recorded, only 833 cases of the disease were treated in the dispensaries throughout the province. These figures indicate on the one hand either that the people have no faith in the treatment provided at the dispensaries in Assam, or on the other hand that the diagnoses made by reporting agents in districts, or those made at the dispensaries, are incorrect. All these factors are undoubtedly at work but, in the light of recent knowledge, the erroneous diagnosis of cases treated at dispensaries is undoubtedly a chief factor to which the discrepancy between the number of cases treated in these institutions and the number of deaths recorded in districts, must be attributed. In a village within two miles of the Gauhati dispensary Captain James found that over 20 per cent. of the people were suffering from *kala azar*, but only 8 cases of the disease had been recorded in the books of the Gauhati dispensary as having been treated during 1903. The disease was also found to be very prevalent in the areas adjoining the Tezpur and Mangaldai dispensaries, but only 8 cases were recorded as having attended at the former dispensary during 1903 and only 18 at the latter.

The death-rate from fevers in the United Provinces during 1903 was higher than in any other province of India, and 3·14 per mille higher than in 1902. Some of the increased mortality returned under this heading may have been due to plague and some to measles, which is said to have caused even more deaths than plague. The towns of Meerut and Farrukhabad, in which death-rates from "fevers" of 52·64 per mille and 43·92 per mille, respectively, were returned, are reported by Captain James to be only slightly malarious, and there are reasons for thinking that a considerable number of the deaths recorded under the heading of fevers in these and other towns in the province were due to broncho-pneumonia, occurring perhaps as a complication of measles.

In the Punjab the death-rate from fevers during 1903 was 25·33 per mille of population as compared with 23·54 per mille in 1902. There is no reason to doubt that in this province, at any rate, most of the deaths recorded as due to fevers are really due to malarial fever. The monthly rise and fall in the mortality from fevers corresponds very accurately with the known seasonal incidence of malarial fevers in this province, and the sudden great increase in mortality during October, November, and December, can scarcely be due to any other cause than malaria. Moreover, from the examination in the Punjab of a considerable number of cases of fever associated with great enlargement of the spleen, and sometimes of the liver, Captain James concludes that such cases occurring in the Punjab are malarial in origin and are not the result of infection with the new parasite which in some other parts of India seems likely to prove to be such an important cause of death. In the North-West Frontier Province the death-rate from fevers during 1903 was 2·45 per mille higher than during 1902. In the Central Provinces and Berar, 190,707 deaths from fevers were recorded during 1903, equal to a ratio of 15·27 per 1,000 of the population. With few exceptions in the districts of the Central Provinces in which plague prevailed, an increase in mortality from fevers was recorded during 1903, but in the Berar districts in which plague prevailed the recorded mortality from fevers was considerably reduced. In Lower Burma the death-rate from fevers was 1·28 per mille higher than in 1902, and in Upper Burma fevers were also more prevalent during 1903 than during the previous year.

In the Madras Presidency the ratio was 8·4 per mille against 7·65 per mille in 1902. A death ratio of 12·3 per 1,000 was recorded in the town of Madras as compared with ratios of 14·7 per mille in 1902 and 18·3 per mille in 1901. The comparatively high death-rate from fevers annually recorded in Madras town has for several years been difficult of explanation except on the grounds of inaccurate diagnosis, for the theory which had so long prevailed that malarial fevers were very common and severe in Madras town was shown in 1902 to be incorrect. The explanation is now forthcoming in the discovery made by Major Donovan, I.M.S., that the cases of fever associated with enlargement of the spleen which are so common in Madras are really not cases of malaria at all but are caused by the parasite discovered by Major Leishman. The disease is, in fact, identical with that which has been so long known to the natives of Assam under the term *kala azar*. In Bombay the mortality from fevers during 1903 declined somewhat as compared with the previous year. Since 1897 the falling off in the number of deaths ascribed to fevers in Bombay has been remarkable. In the six years ending 1897 the aggregate number of recorded fever deaths was 2,432,935 while in the six years 1898-1903 the aggregate was 1,810,581, a decline of 622,354; this is, no doubt, largely due to the decrease in the number of the total population, but the later six years includes the large total of 543,319 recorded in 1900, and it is evident that there has been considerable change in the classification of deaths by the reporting agencies. The total number of deaths in the six years ending with 1903 exceeds the total of the six years ending with 1897 by 1,143,318, the details showing a decline of 622,354 in the total number of deaths recorded as due to fever and of 1,254 in the total number of deaths ascribed to cholera, and increases of 1857 from small-pox, 761,233 from plague, 263,693 from dysentery and diarrhœa, 118,728 from respiratory diseases, 6,640 from injuries and 614,775 from other causes.

Anti-mosquito operations.

120. In Bengal steps were taken for the organisation by private enterprise of agencies for the destruction of mosquitoes, but the provincial Sanitary Commissioner remarks that, from the reports received, it appears very little was done, and that the people were very apathetic in the matter. A " mosquito brigade " consisting of ten men under the supervision of a Hospital Assistant was, however, formed in Puri town, and worked there for some months. No organised operations on a large scale were initiated in the United Provinces, but increased efforts were made in many localities to improve surface drainage, and to bring quinine more generally within the reach of the poorer classes. In the Punjab trial measures for the destruction of mosquitoes were initiated during the year in the towns of Gujranwala and Gujrat, but the severe prevalence of plague prevented their being carried out in a systematic way. In the Central Provinces it had been intended to carry out systematic operations during 1903 in five selected towns. In the town of Bhandara nothing special was done owing to want of funds. In Bilaspur nothing was done pending the introduction of a drainage scheme of which the town is badly in need. In Hoshangabad a special gang of coolies under the direction of the Civil Surgeon cleaned out pools and drains likely to become breeding places of mosquitoes during September, October and November, but little else appears to have been done. In Mandla the Municipal Committee placed three coolies at the disposal of the Civil Surgeon ; a number of pits and pools were filled up, drains cleaned out and levelled and an effort made to prevent the destruction of fish in the river which waters the town. In Khandwa eight men worked under the Civil Surgeon's orders throughout the year. A large number of pits and hollows were filled up and pools periodically swept out. The use of kerosine oil was discontinued as it was not found possible to direct the main expenditure of the oil in the proper direction. The plague epidemic of 1903 made it difficult to say whether the fever mortality of Khandwa was affected by the measures. The main dispensary returns showed a smaller attendance for malarial fevers than in 1902, but the general attendance was also less by reason of plague. In Madras the local Government has directed that funds be allotted by local bodies for experiments in six carefully selected areas, having for their object the extermination of malaria by the destruction of mosquito larvæ, minor engineering works and the administration of quinine. The officer selected for the duty will work under the office of the provincial Sanitary Commissioner, and will have attached to him an intelligent engineering subordinate.

Sale of Quinine.

121. In Bengal there was a considerable reduction in the number of packets of quinine sold during 1903, only 28,595 parcels (each containing 102 five grain packets) being disposed of as compared with 34,114 parcels in 1902. The reduction is considered to have been due to the lesser prevalence of fever during 1903 than during 1902.

In Assam the sale of quinine increased slightly during 1903, a total of 1,547 parcels, each containing 102 five grain packets, being disposed of as compared with 1,434 parcels in 1902.

In the Central Provinces the sale of quinine showed a steady increase, 3,550 parcels, each containing 102 five grain packets, being sold as compared with 2,681 in 1902. In Berar 3,321 parcels were sold, or 770 less than in 1902.

In the United Provinces 236,131 packets of quinine —137,463 being five grain packets and 98,668 seven-grain packets—were sold in 1903 against 224 999 in 1902. Quinine was sold in post offices in all districts except Gonda, but it was sold by vaccinators only in 29 and by landlords in 12 districts. In the Punjab quinine was, as usual, gratuitously distributed during the year in a large number of districts, but no information regarding the sale of the drug is contained in the provincial Sanitary Commissioner's report.

In Burma 192,751 five grain packets of quinine were sold through the medium of post offices in 1903, as compared with 179,708 in the previous year. Quinine was also sold by vaccinators in villages, but the number of packets disposed of in this way during 1903 was only 230.

Details are wanting regarding quinine sales in the North-West Frontier Province, Madras, and Bombay.

Dysentery and diarrhœa. Appendix B, Table III.

122. The number of deaths recorded under the heading of dysentery and diarrhœa rose from 235,750 in 1902 to 273,459 in 1903, and the death-rate per mille of population from 1·06 to 1·21. The increased mortality was due chiefly to a severer prevalence of the diseases in the United Provinces, the Central Provinces, the Punjab, and the Madras Presidency. In Bengal, Assam, and the Bombay Presidency the mortality from dysentery and diarrhœa was less than in 1902. In Bengal the death-rate from dysentery and diarrhœa was the same during 1903 as during 1902, though the total number of deaths recorded during 1903 was slightly less. The districts in which the highest death-rates were recorded were Howrah, Darjeeling, Cuttack, Puri, Patna, Calcutta and Hoogly. The urban mortality was, as usual, much higher than the rural. In all the districts of Assam except Kamrup, Goalpara and Nowgong, the death rates from dysentery and diarrhœa during 1903 were lower than during 1902, and the ratio for the province as a whole was considerably reduced. The provincial Sanitary Commissioner is of opinion that although some part of the higher mortality from dysentery and diarrhœa recorded among tea-garden coolies than among the general population is only apparent, being due to the fact that cases of anæmia and other diseases are often returned by tea-garden Hospital Assistants under the heading of the symptoms (dysentery and diarrhœa) by which they are terminated, yet there is in reality a greater mortality from dysentery in tea-gardens than elsewhere. In the United Provinces the death-rate from dysentery and diarrhœa during 1903 was considerably higher than during 1902. The urban death-rate was 2·38 per mille and the rural ·73 per mille. The mortality in some districts was unusually high, notably in Garhwal, Almora, Fyzabad, Ballia and Unao. The recorded mortality from dysentery and diarrhœa in the Punjab was also increased. The greatest numbers of deaths were returned during the months when malarial fevers were most prevalent. The death-rates from dysentery and diarrhœa in all the districts of Berar and in nearly all the districts of the Central Provinces were considerably higher in 1903 than in 1902. The death-rate recorded in Berar was more than three times as high as that recorded in the Central Provinces, and the month of maximum mortality was October in Berar and September in the Central Provinces. In Madras the death-rate from dysentery and diarrhœa was 1·3 per mille in 1903 as compared with 1·01 per mille in 1902. The death-rate in municipalities was four times as high as in rural areas. In Bombay the total number of deaths and the death-rate per mille from dysentery and diarrhœa were somewhat reduced. The

mean annual number of deaths returned under this heading during the six-year period since 1898 is more than double the mean annual number so returned during the six-year period from 1892 to 1897. In Lower Burma the death-rate from dysentery and diarrhœa in 1903 was 1·61 per mille as compared with 1·30 per mille in 1902, and in Upper Burma it was ·39 per mille as compared with ·23 per mille. Cholera was prevalent in Upper Burma and some of the mortality recorded as due to dysentery and diarrhœa may have been due to this disease. In Ajmer-Merwara 455 deaths were attributed to dysentery and diarrhœa; and 137 in Coorg.

Books and papers referred to in Section VI.

[1] Klein in the Annual Report of the Medical Officer of the Local Government Board for 1902-03, page 399; [2] Hunter in "A Research into Epidemic and Epizootic Plague," published by the Government of Hong-Kong, 1904; [3] Watkins-Pitchford in a Report on the plague in Natal, 1902-03, by Ernest Hill, Cassell & Co., London, 1904. [4] Simpson in a report on the continuance of plague in Hong-Kong, 1902; [5] Watkins-Pitchford as above; [6] Albrecht and Ghon in the report of the Austrian Plague Commission; [7] Klein as above, page 413; [8] Galli-Valerio in J. T. M. of 1st February 1902, page 33; Nuttall in J. T. M. of 1st March 1902, page 65; Kolle in D. M. W. XXVIII, page 60; Dieudonné in Kolle and Wassermann's *Handbuch der pathogenen Mikroorganismen*, page 538; [9] Simpson in a report on plague in Hong Kong, page 56, quoted by Hunter as above, page 53; [10] Klein as above, page 410.

SECTION VII.

GENERAL HISTORY OF VACCINATION.

Vaccination in India.

123. The aggregate number of operations performed in 1903-04 by all public agencies in all the provinces was 8,457,298, against 8,431,564 in the preceding year, and 8,036,444 in 1901-02. In every province except Bengal, Assam, Madras and Coorg, there was an increase, which in most cases was limited to primary operations. The mean number of vaccinations performed by each vaccinator fell from 1,460 in 1902-03 to 1,458 in 1903-04, ranging from 2,635 in the Punjab to 880 in Ajmer-Merwara.

Primary operations totalled 7,916,262 against 7,791,858 in the preceding year, there being an increase in the number performed in every province except Assam, Madras and Coorg. In Assam where there was much less small-pox than in 1902-03, vaccination was impeded in Lakhimpur by the presence of measles, and there was a falling off in the work done on tea-gardens in Cachar. In Madras the falling off is explained by the decrease in the prevalence of small-pox, by insufficient and irregular supplies of lymph in certain places, and by the absence of vaccinators. In Coorg, although small-pox was more prevalent than in the preceding year, some of the vaccination staff were employed on duties in connexion with plague.

Revaccinations declined in number from 639,706 in 1902-03 to 541,036, the decline taking place in all the provinces except the Central Provinces and Berar, Burma and Ajmer-Merwara. In all provinces in which there was a falling off, except the United Provinces, the Punjab, the North-West Frontier Province and Coorg, small-pox was less prevalent than in the preceding year, and in all except the North-West Frontier Province plague was prevalent. The falling off in the number of revaccinations in the United Provinces was slight, but in the Punjab it was considerable and in the North-West Frontier Province very great. In the Punjab there was a great extension of the prevalence of plague, and it is stated that there has been a lack of system in the proceedings of the vaccinators, while a rule was introduced to prevent the repeated revaccinations of children for the purpose of swelling the returns. In the North-West Frontier Province the falling off seems to have been largely due to ill-health among the people and among the vaccinators.

The number of operations performed at dispensaries fell from 208,733 to 195,730, including 128,945 in Bengal, 21,078 in Assam, 16,106 in the Central Provinces and Berar, 13,930 in Burma and 12,854 in Madras; elsewhere dispensary vaccination was unimportant or non-existent.

The mean percentage of success in primary operations fell from 95·10 to 95·05, ranging from 99·17 in Ajmer-Merwara and 99·13 in the Punjab to 84·98 in Burma. The mean percentage of success in revaccinations also fell fractionally from 68·20 to 68·19, ranging from 88·21 in the United Provinces to 43·65 in Burma.

The mean proportion of the population successfully vaccinated rose from 33·14 *per mille* in 1902-03 to 33·32 in 1903-04, ranging from 48·67 in Coorg and 44·28 in Assam, to 27·42 in Ajmer-Merwara and 24·63 in Bombay.

Estimating the birth-rate in each province at 40 *per mille*, the percentage of infants protected during the year rose from 39·15 in 1902-03 to 39·53, but the percentages in the provinces varied greatly, from 66·73 in the Central Provinces and Berar and 58·23 in the Punjab, to 26·29 in Assam, 19·0 in Burma and 11·63 in Coorg.

Preservation of calf lymph.

124. In this report for 1902 mention was made of the researches into the preservation of animal lymph by means of the admixture of glycerine and of vaseline which had been carried out by Captain W. F. Harvey, I.M.S. Those researches have been extended, and at the suggestion of Lieutenant-Colonel Bamber, Sanitary Commissioner of the Punjab, experiments have been made on the use of chloroform as a purifier after the method described by Dr. A. B. Green. Those experiments have been most successful. It was found that the passage of the vapour of chloroform through lymph pulp suspended in sterile water, with or without the addition of glycerine, killed all except spore-bearing and very resistant bacteria, and that from three to six hours treatment with chloroform vapour was practically equal in purifying effect to treatment by means of glycerine for a month. It appears, however, that the purification effected by chloroform is similar in kind and degree to the purification effected by glycerine, the difference is in speed, and the advantage of the use of chloroform depends upon this. If lymph is preserved in glycerine and kept at a low temperature, deterioration of the vaccine virus is very slow, but the extraneous organisms do not die quickly. If the preserved lymph is kept at a high temperature, the extraneous organisms are soon killed, but the vaccine virus is injured. The preliminary treatment by chloroform vapour kills most of the extraneous organisms and the lymph can be kept in glycerine at a low temperature for a long time without losing its protective power. If the lymph is to be kept the addition of a preservative after the treatment with chloroform is necessary, otherwise those bacteria which have not been killed by the chloroform will multiply. Glycerine seems to be the best preservative, because, although it may not kill the organisms that chloroform has failed to kill, it prevents their multiplying.

It was found that :—

"(*a*) There is but little difference between lymph that has been glycerinated before and that which has been glycerinated after being chloroformed.

"(*b*) After chloroforming practically no further purification is effected by glycerine when lymph is kept at a low temperature.

"(*c*) Lymph which is glycerinated only and kept at a low temperature will become purified but slowly.

"(*d*) Lymph which has been chloroformed only and had no preservative added will show a great and rapid increase of micro-organisms at the end of a month even although kept at a low temperature."

Captain Harvey's further experiments show that glycerinated lymph is in all respects superior to vaselinated lymph.

Bengal.

125. The total number of persons vaccinated in Bengal during the season 1903-04 was 2,748,638, as compared with 2,781,972 in the preceding season. Of the total operations performed 2,634,563 were primary and 114,075 revaccinations, the corresponding figures in 1902-03 having been 2,592,177 and 189,795. There was, therefore, an increase of 42,386 primary operations and a decrease of 75,720 revaccinations, equal to a decrease of 33,344 in the total number of operations. The average number of operations performed by each vaccinator was 961, against 972 in 1902-03. The percentages of success claimed were 98·18 in primary operations and

66·40 in revaccinations, against 98·11 and 68·07, respectively, in the preceding season. In 28 of the 49 districts the numbers of operations increased, most notably in Faridpur 23,788, Mymensingh 14,355, Rangpur 14,347, Cuttack 12,264, all districts in which small-pox was much less fatal than in 1902-03. In the remaining districts the decrease in the numbers of operations was greatest in Midnapore 54,286, Dinajpur 17,561, Balasore 17,342, Manbhum 12,546, in all of which the small-pox mortality had largely declined. The falling off in the number of operations generally is attributed to the diminution in the prevalence of small-pox, the mortality from which fell from ·58 to ·33 *per mille*, to illness and misbehaviour of vaccinators, and the prevalence of malaria in some eastern districts and of plague in the western districts. But the opinion of the local Government is that the department as at present constituted is unable to cope with the requirements of the province, and proposals for reorganising it and increasing the superior staff so as to secure adequate supervision are under consideration.

The vast majority of the operations, 2,006,716, were performed with human lymph; 212,537 were performed with calf lymph and 415,310, an increase of 16,105 as compared with the previous season, with lanolinated lymph, the ratios of success claimed being with human lymph 98·35 per cent. as compared with 98·38 in 1902-1903, with calf lymph 98·83, against 98·13, and with lanolinated lymph 97·01 against 96·75.

Of the estimated number of children available, 29·36 per cent. were protected against 29·92 in the previous year; in fifteen districts the percentage protected was over 50, but in Tippera, Mymensingh, Midnapore, the Tributary States of Orissa, Puri, Noakhali, Cuttack and Balasore it was under 20. In municipal towns the number of children protected was 71·1 *per cent.* against 72·3 in 1902-03. The falling off in the percentage of children protected, which is calculated on a hypothetical birth-rate of 40 *per mille*, is no doubt in part due to a falling off in the number of births, of which 84,609 fewer were registered in 1903 than in 1902.

The quantity of lymph paste manufactured at the Calcutta depot rose from 103,470 grains in 1902-03 to 130,680 grains, the demands from the districts, especially from Orissa, Faridpur and Backergange having increased. At Darjeeling the quantity manufactured increased by 1,488 grains to 49,189 grains, of which 515 and 630 grains were supplied to the Nepal Darbar and the Sikkim State, respectively.

The cost of the department, excluding the expenditure by the Calcutta Municipality, fell from Rs. 1,99,448, in 1902-1903, to Rs. 1,84,987, and the cost of each successful operation fell by one pie to one anna and one pie.

Assam.

126. The total number of operations performed by all agencies in Assam in 1903-04 was 278,802, or 25,319 fewer than in the previous year, and 2,025 fewer than in 1901-02. Of the total, 273,477 were primary operations with a percentage of success at the rate of 97·87, and 5,325 were revaccinations, of which 81·86 *per cent.* succeeded; in 1902-03 primary operations numbered 291,332 and revaccinations 12,789, the success claimed being 97·90 and 77·81 *per cent.* respectively. A falling off in the numbers of operations occurred in eight of the 13 districts, ascribed in Sylhet to a decline in the special activity induced by the prevalence of small-pox in 1902-03; in Lakkimpur to an outbreak of measles; in Nowgong to the absence of a vaccinator for four months; in the Naga Hills to a more careful check of the work of the operators, and in the Garo and Lushai Hills to the unwillingness of the people to be vaccinated in the absence of small-pox.

The number of persons vaccinated by each vaccinator, excluding dispensary and tea-gardens' agencies, averaged 988 against 999 in the preceding season.

Estimating the number of infants available at 40 per thousand of the population, 26·29 per cent. were protected during the year. In the municipal towns where the number of available children is deduced by deducting the number of recorded deaths from the number of registered births, a mean of 67·77 per cent. were protected, the figures varying between 85·71 in the Union of Golaghat and 39·41 in Gauhati.

At the vaccine depot 429,080 tubes of lymph were obtained from 444 calves, an average of 966·39 per calf and were distributed throughout the province. Complaints were received regarding the quality of certain early supplies, which it seems probable were kept too long before use.

The cost of the department was Rs. 24,381, or Rs. 574 less than in the previous year, but the cost of each successful operation rose from one anna and seven pies to one anna and nine pies.

United Provinces.

127. In spite of the continued increase of plague, the number of vaccinations rose from 1,665,253 in 1902-03, to 1,667,104 in 1903-04. The increase was in the number of primary operations which rose from 1,562,070 to 1,564,469, while the number of revaccinations fell from 103,183 to 102,635, the percentages of success being 97·83 and 88·21, against 97·90 and 88·41, respectively. In 28 districts, including the native state of Tehri-Garhwal there was an increase in the number of successful primary operations, and in 21 there was a decrease, due in the cases in which the falling off was greatest to the presence of plague. The average number of persons vaccinated by each vaccinator was 1,837, as compared with 1,840 in the previous year. Of the number of children in the province estimated as available, 50·33 were successfully vaccinated; in municipalities the percentage of available children protected was 98·2, but this figure is raised by the inclusion in the calculation of children brought from the district into the town to be vaccinated.

Bovine lymph depots were maintained at Lucknow, Allahabad and Bahraich, and, owing to an outbreak of small-pox in certain of the plains districts, a temporary depot was opened at Naini Tal. The construction of the new central depot at Patwa Dangar in the Naini Tal district was nearing completion.

The cost of the department rose from Rs. 1,36,196 in 1902-03 to Rs. 1,43,817 in 1903-04, and the cost of each successful operation from one anna and four pies to one anna and five pies.

Punjab.

128. The total number of vaccinations performed by all agencies in the Punjab in 1903-04 was 685,105 as compared with 667,544 in the preceding year. Of the total 604,204 were primary operations, an increase of 21,578 on the total of 1902-03; but there was a further decline in revaccinations which numbered only 80,901, or 4,017 less than in the preceding year. The increase in the number of primary operations shews that, in spite of the extended prevalence of plague, ground is being regained. The fall in the number of revaccinations is attributed by the provincial Sanitary Commissioner to the prevention of the revaccination of children who had been vaccinated or revaccinated only a few years before, and by the local Government to the lack of system on the part of vaccinators. The percentage of success in primary operations was 99·13, and in revaccinations 76·25, this considerable improvement on the results of the preceding year being in part at any rate due to the exclusion from the calculation of cases in which results were not known. Of the primary operations, 53 *per cent.* were performed on males

and 47 *per cent.* on females (a proportion which happens to be almost exactly that of the distribution of the sexes in the total population), while of the revaccinations 62 *per cent.* were performed on males and only 38 *per cent.* upon females, because, it is explained, parents are reluctant to allow their young daughters to be seen by the vaccinators.

No town was brought under the Act during the year, but in most of the towns in which it is in force the work performed was satisfactory. In some towns no operations were performed on account of the severity of plague.

The total cost of the department was Rs. 92,017 or Rs. 1,683 less than in 1902-03 and the cost of each successful case fell from two annas and six pies to two annas and four pies.

The numbers of primary operations and revaccinations performed in Patiala were 44,500 and 6,219, respectively; in Bahawalpur, 17,379 and 21; in Kapurthala, 5,699 and 40; in Faridkot, 4,913 and 1,401 and in Jhind 4,751 and 1. The percentages of success ranged in primary cases from 99·50 in Patiala to 94·91 in Bahawalpur, and in revaccinations from 93·51 in Faridkot to 33·33 in Bahawalpur.

North-West Frontier Province.

129. The total number of vaccinations performed in the North-West Frontier Province, including the political agencies, was 99,176, an increase of 8,883 over the total of 1902-03, but the increase was due to a gratifying extension of the operations of the department in Chitral where, small-pox being epidemic, no less than 28,353 vaccinations were performed; in the British districts, owing largely to the prevalence of sickness among children and illness of vaccinators, there was a great falling off. Primary operations numbered 94,262, nearly twelve thousand more than in the preceding season, but the number of revaccinations fell off by 3,027, success being at the rates of 91·52 and 79·91 *per cent.*, against 93·54 and 69·84 in the previous season. The mean number of operations performed by each vaccinator was 2,609·90. In only two of the municipal towns, Bannu and Dera Ismail Khan, is the Vaccination Act in force, and the percentage of available children belonging to these towns who were vaccinated was 87·3.

The cost of the department rose from Rs. 11,644 in 1902-03, to Rs. 14,484 in 1903-04, and the cost of each successful case from two annas and three pies to two annas and six pies.

Central Provinces and Berar.

130. The control of the vaccination department of Berar was transferred to the Sanitary Commissioner of the Central Provinces on the 1st November 1903; as a consequence the arrangement under which in the Central Provinces Civil Surgeons are directly responsible for vaccination in their districts, was extended to Berar, and a scheme for the reorganisation of the combined department submitted to the local Administration.

The total number of operations performed in the Central Provinces, including the Feudatory States, during the year was 522,609, an increase of 58,558, which, in view of the wide distribution of plague, must be regarded as highly satisfactory. The percentage of success attained in 446,411 primary operations was 98·65, and in 76,198 revaccinations 87·74, against percentages of 97·13 and 85·14 in the same classes of cases in 1902-03.

In Berar, the number of operations fell from 141,064 to 123,696, but the percentage of success in primary operations which numbered 101,401, was 97·92 against 96 8 in 1902-03, although the rate of success in 22,295 revaccinations fell from 16·5 to 15·60. The decrease in the number of operations in Berar is attributed in part to the epidemic of plague and in part to the temporary breakdown of the depot at Amraoti. The mean number of operations performed by each vaccinator was 1,815 in the Central Provinces and 3,255 in Berar. The difference in the degree of success claimed in revaccination in the Central Provinces and Berar is very striking, the percentages ranging in the former Province from 100·0 in Saugor to 36·11 in Nimar, and in the latter from 23·90 in Buldana to 5·84 in Ellichpur. The cause of the difference is probably in part due to a higher standard being required in Berar, but the subject was under enquiry.

In the Central Provinces, 160,190 persons were vaccinated with fresh calf lymph and in 95·5 *per cent.* the operation was successful; 209,929 were vaccinated with glycerinated calf lymph with the same proportion of success; 1,076 were vaccinated with lanolinated lymph, 92·6 per cent. successfully, and 32,669 with human lymph which gave the best results of all, 96·7 *per cent.* of success.

No new town was brought under the operation of the Vaccination Act, and in many of the municipalities vaccination is very backward.

The total cost of the department in the Central Provinces was Rs. 50,012, against Rs. 47,434 in 1902-03, and the cost of each successful case was one anna and eight pies, against one anna and nine and a third pies. In Berar the cost of the department was Rs. 17,325, against Rs. 18,037 in 1902-03, but the cost of each successful case rose from two annas and five pies to two annas and nine pies.

Madras.

131. The total number of vaccinations performed by all agencies in Madras fell from 1,332,209 in 1902-03 to 1,309,985; primary operations falling from 1,250,762 to 1,240,655, and revaccinations from 81,447 to 69,330, the percentages of success in each class of operation being 89·02 and 68·95 in 1903-04, against 89·08 and 68·91 in 1902-03. The causes of the falling off, which occurred mainly in local fund areas, is stated to have been in various places the absence of small-pox, deficient and irregular supply of lymph, the prevalence of plague and absence of vaccinators. The number of operations performed by each vaccinator averaged 1,529.

Of the various lymphs in use during the year in primary operations the highest percentage of success, 98·5, was obtained with fresh calf lymph, followed by 96·9 with fresh calf lymph transferred for short distances in tubes and on plates. Lanolinated lymph from Bangalore gave a percentage of success of 95·0, whereas the locally prepared lanoline lymph succeeded in only 87·0, and glycerinated lymph in 86·9 *per cent.* For some reason the ratios of success in municipalities were higher than in local fund areas, in the former Bangalore lanolinated lymph succeeded at the rate of 96·5 *per cent.*, locally prepared lanolinated lymph at the rate of 95·5 and locally prepared glycerinated lymph at the rate of 95·8. It is hoped that in the near future the full requirements of the Presidency will be derived from the King Institute at Guindy.

The total cost of the department was Rs. 2,65,625 against Rs. 2,58,750 in the previous year, the cost of each successful case rising from three annas and seven pies to three annas and nine pies.

Coorg.

132. The total number of operations performed in Coorg fell from 11,407 in 1902-03 to 9,653. Of the total, 8,052 were primary operations, of which 93·47 *per cent.* were successful against 94·8 in the previous year; revaccinations succeeded at the rate of 79·13 against 80·4. The cost of the department was Rs. 2,667 against Rs. 2,768 in 1902-03, but the cost of each successful case rose from four annas and three pies to five annas.

Bombay.

133. The number of operations in the Bombay Presidency in 1903-04 was 587,933, as compared with 578,885 in 1902-03, the increase being in the primary cases which rose from 537,744 to 552,101, while revaccinations declined from 41,141 to 35,832. The causes of the falling off are the presence of plague, the absence of epidemic small-pox, sickness or misbehaviour of vaccinators, etc. The percentage of success in primary operations was 92·51, and in revaccinations 55·02, as compared with percentages of 92·92 and 55·72 in 1902-03. Of the primary operations, 51·19 were performed on males, but of the revaccinations the percentage performed on males was 76·89, and on females only 23·11. The average number of operations performed by each vaccinator rose from 1,354 in 1902 to 1,377.

In the Presidency Circle practically only bovine lymph was used—fresh lymph apparently in most of the cases. In all registration districts except Gujarat, a proportion of the vaccination was performed with bovine lymph, but in the Presidency generally, human lymph continues to be used in the vast majority of the cases. A scheme for the establishment of a central depot at Belgaum for the manufacture of preserved lymph for the whole Presidency is stated to have been under consideration.

The total cost of the department fell from Rs. 2,84,488 in 1902-03 to Rs. 2,69,068, and the cost of each successful case from eight annas and nine pies to eight annas and two pies.

Burma.

134. The total number of operations performed in Burma in 1903-04 was 412,564 an increase of 30,791 on the total of the previous year. The increase was almost entirely in primary operations, the number of which rose by 30,093 to a total of 384,722, but the percentages of success fell from 86·93 in primary operations to 84·98, and in revaccinations from 48·15 to 43·65. The mean number of operations performed by each vaccinator was 1,780 as compared with 1,739 in the previous year. The increase was pretty generally distributed throughout the province, except in the Mandalay division, in which there was a falling off in every district save Katha and in the Chin Hills. In municipalities, where the Vaccination Act is in force, 86·93 *per cent.* of the available infants were protected during the year. In Rangoon, where the amount of work done has greatly increased, 65 *per cent.* of the available infants were protected.

Lanoline lymph paste was supplied from the depot at Meiktila, but results were not uniform, probably on account of varying skill on the part of vaccinators and to exposure of some consignments of lymph to the sun.

The expenditure in the department rose from Rs. 85,829 in 1902-03 to Rs. 94,331, and the cost of each successful operation from four annas and five pies to four annas and seven pies.

Ajmer-Merwara.

135. The number of operations performed in Ajmer-Merwara further increased from 12,992 in 1902-03 to 13,199 in 1903-04. Of the total, 13,111 were primary operations and 88 revaccinations, with success at the rates of 99·17 and 82·95 *per cent.* against 99·18 and 86·36 in 1902-03. The cost of the department was Rs. 2,517 or Rs. 10 more than in 1902-03, and the cost of each successful operation three annas and three pies against three annas and one pie.

Vaccination among troops.

136. The usual statistics regarding vaccination in the army will be found in Statement No. III of the Appendices to this Section.

SECTION VIII.

SANITARY WORKS.

Bengal.

137. Excluding Calcutta and including the two new municipalities of Dumka and Nawabgunj, there were 159 municipalities in Bengal during 1902-03, as compared with 157 during the previous year. As, however, no statistics are available for the two new municipalities the figures below refer to the 157 municipalities which were in existence throughout the year 1902-03. Including an opening balance of Rs. 6,33,240 their total income amounted to Rs. 55,83,623, of which 43·01 *per cent.* was spent on sanitary works, original and recurring, 9·56 *per cent.* on roads, 5·40 *per cent.* on public safety, and 27·09 *per cent.* on all other requirements, the corresponding figures for 1901-02 having been 43·41, 9·89, 5·58, and 29·32, respectively.

The total expenditure on sanitary works amounted to Rs. 23,99,229 or 43·01 *per cent.* of income, as compared with an expenditure of Rs. 22,54,504, or 43·41 *per cent.* of income in the previous year. About 12¼ lakhs were spent on conservancy, over 3½ lakhs on water-supply, over 1½ lakhs on drainage, and nearly 5 lakhs under the heading of treatment of the sick. Compared with the previous year Rs. 1,16,076 more was spent on water-supply and Rs. 71,910 more on the treatment of the sick, while Rs. 20,007 less was spent on conservancy and Rs. 4,320 less on drainage. The increased expenditure on water-supply was chiefly due to large outlay by the municipalities of Darjeeling and Garden Reach. The new water-supply scheme for the former place is in progress, but has not yet been completed. The filtered water-supply from the Calcutta mains has been extended to the latter municipality which is now being supplied daily with about 50,000 gallons of pure water. New dispensary buildings were constructed at Patna, Rampur Boalia, Jalpaiguri, and Serajganj, and the cost of these, together with Rs. 57,000 spent on the Bankipore hospital during the year, were mainly responsible for the increased expenditure under the heading of treatment of the sick. Only nine municipalities, or one less than in the previous year, spent over 10 *per cent.* of their income on original sanitary works, 20 against 17 spent between 5 and 10 *per cent.*, 77 against 74 spent below 5 *per cent.*, while 51 against 56 spent nothing on this account.

The total cost of various new works carried out by municipalities, district boards, Government, and private individuals, either completed or in progress, amounted in towns to Rs. 3,85,037 against Rs. 3,28,596 in the previous year, and in rural areas to Rs. 6,39,175 against Rs. 7,22,249. With the exception of the extension of the filtered water-supply from the Calcutta mains to the Garden Reach municipality, no new work of first class importance was either commenced or finished during the year.

The useful scheme inaugurated by the Patna Sadar Local Board for the improvement of sanitation in villages and rural towns continued to work satisfactorily, 112 villages being cleansed during 1902-03 by the Patna Sadar and Dinapore Local Boards at a cost of only Rs. 1,365. Under this scheme members of the Board report the names of villages in the vicinity of their places of abode which they find to be in an insanitary state. A list of such villages, together with an estimate for cleansing them, is then laid before the Local Board, and, when passed, cleansing operation are started under the supervision of a member of the Board. The work is carried out on a systematic plan and consists chiefly in the removal of filth and rank vegetation, and the filling up of ditches and hollows.

Sanitary Board.

Four meetings of the Sanitary Board were held during the year and the usual consultation work was carried on by circulating the files to the members. The principal subjects discussed at the meetings of the Board were the efficiency of the septic tank system of sewage disposal and the question of the supply of filtered water to riparian municipalities from the mills within their jurisdiction. The provincial Sanitary Commissioner does not state whether any conclusions were arrived at as a result of these discussions. Preliminary estimates were prepared under the orders of the Board during the year for the supply of filtered water to the Barisal municipality and for the re-modelling of the Dacca water-works. Detailed estimates of cost for the construction of septic tank latrines in the municipalities of Howrah, Dacca, Garden Reach, and Cossipore-Chitpur were prepared in the Board's office, and similar estimates of cost of the drainage schemes for the municipalities of Bihar and Uttarpara were prepared under the supervision of the Sanitary Engineer.

Plans and estimates were considered and opinions given regarding ten water-supply and drainage schemes, among them being certain improvements in connection with the Howrah water-works; a scheme for the supply of filtered water to the Titaghar municipality, the filtered water to be supplied by the owners of certain mills in the neighbourhood; similar schemes for the supply of filtered water to the Garulia and Bhatpara municipalities; and drainage schemes for Howrah, Rangpur, Barnagore and Naihati. The Board dealt also with a number of miscellaneous references made to them by Government and by local authorities. During the year the Sanitary Engineer inspected the water-works at Arrah, Bhagalpur, Burdwan, Berhampore, Dacca, Darjeeling, Howrah and Mymensingh, as also the drainage systems of Patna and Monghyr. In addition visits were made to Barisal, Buxar, Garden Reach, Baranagar and Sodepore either for the inspection of water-works, sanitary works or in connection with sewage disposal works.

During the year two Bachelor of Engineering students completed their term of practical training under the Sanitary Engineer and obtained certificates. Two other students with the same qualification have placed themselves under the Sanitary Engineer for training.

Assam.

138. Excluding four small towns which have no separate income, the total income of the municipalities, stations, unions, and towns in Assam during 1903 was Rs. 2,36,623, as compared with Rs. 2,17,895 in 1902. The expenditure on direct sanitation, which excludes Rs. 57,665 spent on roads and bridges, was Rs. 1,27,120, or 49·68 *per cent.* of the total income, against 53·81 per cent, in the previous year.

Under conservancy Rs. 72,965 was spent against Rs. 69,837 in 1902; under water-supply Rs. 19,286 against Rs. 27,537; under drainage Rs. 11,083 against Rs. 9,597, while the balance was spent on minor sanitary works (Rs. 21,094) and vaccination (Rs. 2,577). The proportion of income spent by local bodies on sanitation ranged from 85·78 *per cent.* in the Golaghat union, to 15·26 *per cent.* in the town of Lakhimpur. The principal sanitary improvements effected by local Boards in rural areas during the year were the construction and repair of tanks, wells, market-sheds and latrines, and the improvement of village sites.

Sanitary Board.

No meeting of the Sanitary Board was held during the year. The provincial Sanitary Commissioner was consulted unofficially on all matters relating to sanitation, and during the touring season he inspected the sanitary condition of all head-quarter stations and nearly all sub-divisional towns, placing on record criticisms for guidance.

United Provinces.

139. No details regarding municipal or district board income, or of the expenditure on sanitation, are furnished in the provincial report.

Many sanitary improvements in various directions were effected during the year under report, and the cost of the projects for improving the sanitary condition of municipalities approved by the Sanitary Board amounted to Rs. 12,64,904, or 16 *per cent.* more than the corresponding figure in the previous year, and 75 *per cent.* more than in 1901. Projects for improving the drainage in Agra, Farrukhabad, Allahabad, Muzaffarnagar, Aligarh, Deoband, Mirzapur, Dehra Dun, Saharanpur, Fyzabad, Kosi, Pilibhit, Chandausi and Sitapur were either in progress or will be put in hand shortly. The work at Benares and Cawnpore is being carried on, while the important drainage scheme for Lucknow has now been started and is well in hand. The local Government has adopted, as part of their programme of plague prevention, an active sanitary policy, and in the spring of the year under review a grant of two lakhs of rupees was made for the general cleaning up and sanitary improvement of small municipalities and towns. A further grant of Rs. 60,000 was also made for the improvement of wells in the smaller centres of population, while the important sanatoria of Naini Tal and Mussoorie were assisted by allotments of Rs. 40,000 and Rs. 50,000, respectively, for the improvement of the general sanitary condition in the former station and that of the Landour bazaar in the latter. In addition to this the local Government proposes from 1904, to relieve municipalities of police charges to the extent of over three and a half lakhs and will grant one lakh for cleaning up certain towns and larger villages. The liberality of the local Government has resulted in valuable work having been done already and is creating an interest in sanitation among the people.

The amounts of filtered water supplied per head of population in the towns in which water-works are in operation were as follows:—at Benares over 15 gallons per head *per diem;* at Lucknow 5·5 gallons; at Cawnpore over 14 gallons; at Agra over 9 gallons; at Meerut over 4 gallons; at Dehra over 7 gallons; at Mussoorie over 6 gallons; and at Naini Tal 7 gallons. The results of analyses of the filtered water were, in nearly all cases, satisfactory.

Sanitary Board.

Seven meetings of the Board were held during the year, at which projects and estimates amounting to Rs. 12,64,904 for improving the sanitary condition of municipalities were considered, discussed, and approved. In connection with water-works the Board approved the plans and estimates amounting to Rs. 32,000 for the extension of the clear water reservoir at Agra as well as other minor improvements in the water-works at Benares, Lucknow and Cawnpore. A project to cost Rs. 12,651 for improving the water-supply at Almora was also discussed. In all 27 drainage and sewerage schemes were considered and approved. Of these ten were in connexion with the surface drainage, latrines and sewers of Benares, the estimates for these schemes amounting to Rs. 5,38,856. Other important drainage projects were those of Mirzapur (Rs. 3,19,398), Dehra Dun (Rs. 40,498), Kosi (Rs. 44,346) and Farrukhabad (Rs. 24,700). Plans and estimates for constructing slaughterhouses in Allahabad, Chandpur and Amroha were considered and approved, and among other miscellaneous works a project for constructing a vegetable market and a meat market at Bareilly (Rs. 67,000) received the Board's approval and recommendation for sanction.

Punjab.

140. No details of municipal income or of the expenditure on sanitary works are furnished by the Sanitary Commissioner of the Punjab in his report for the year under review.

The Sanitary Engineer gives, as usual, an interesting report of works in progress during the year. The Amritsar water-works, estimated to cost Rs. 10,49,935, are well in hand, and of the forty wells to be sunk, twenty-two were completed to the full depth of 65 feet during the year. Five more were nearing completion and work on the remainder was well advanced. About two-thirds of the entire work of pipe-laying had been completed and work on the city service reservoirs was progressing favourably. The construction of soil depots in connexion with the Simla sewerage extension works, which are estimated to cost Rs. 5,18,622, was completed during the year and the main system of new sewers on the south slope of the hill, leading to the Lalpani outfall, was in regular use throughout the year. Experiments in connexion with the biological treatment of sewage were continued. The septic tank at Lalpani continued to work satisfactorily, but the filter did not give good results. The Kasumpti experimental installation was brought into use in February. The septic tank did not work satisfactorily at first, but after the grit chambers had been reduced in length the results were better and at the end of the year the tank was working fairly well. As at Lalpani the filters in this installation frequently become clogged and the effluent turbid and offensive. The effect of running septic tank effluent down a long flight of steps in order to thoroughly aërate it was tried. The steps were about eight inches each and the total height of the flight was thirty-five feet. The effluent was deodorised to a considerable extent by this means, but analysis did not show any appreciable reduction of albumenoid ammonia or increase of nitrates. As the septic tanks have so far given good results it has been decided to install them at once at all the outfalls and to continue experiments with the filters. The Simla bazaar drainage works, estimated to cost Rs. 92,300, were completed during the year and have effected considerable sanitary improvement in the crowded bazaars of Simla. In connexion with the proposed extension of the Simla water-works, further information regarding sources of water-supply was collected and some surveys made. Umballa city suffered from shortness of water in the hot weather and works were commenced to augment the supply by adding four more wells to the head works. As the experimental aermotor pump at these works has worked satisfactorily the local Government has sanctioned the trial of two similar pumps at the new civil station of Mianwali. The extension of the trench wells for the Lahore water-works was completed during the year and the old wells were dredged and cleaned, thus substantially increasing the supply. The extension of the distribution system in the city and civil station at an estimated cost of Rs. 2,41,785 was proceeded with by the municipal committee and nearly completed.

Among the sanitary works under construction by the Public Works Department were the Lyallpur water-works, the estimated cost of which was Rs. 1,28,585, the Lyallpur drainage works estimated to cost Rs. 79,091, extramural drains for Umballa city estimated to cost Rs. 43,130, a sewer in Chandni Chowk at Delhi estimated to cost Rs. 25,818, the Toba Tek Singh drainage scheme estimated to cost Rs. 90,449 and the Gojra drainage scheme estimated to cost Rs. 62,392. All except the last of these works were completed, or nearly so, during the year under review. The experiment for raising water from a deep tube well by means of an air lift, referred to in last year's report, was carried through, but the result was not favourable and tended to show that this method of raising water is not suitable for places where the subsoil consists of fine or moderately coarse sand.

Special efforts were made during the year to encourage the use of sewage at outfalls for land irrigation. The result in respect of sewage farms has not so far been encouraging, but a beginning has been made and success depends on the recognition given to the matter by local bodies.

The scheme for the grant of rewards and *khillats* to village communities to promote sanitation has not been attended with success. The Sanitary Commissioner himself is of opinion that small rewards are useless and that the payment of a sum of Rs. 500 into the *malba* fund of a village would possibly do more good.

Sanitary Board.

Six meetings of the Sanitary Board were held during the year. The drainage schemes of Sangla, Sargoda, Ferozepore, Rawalpindi and Multan, as well as the water-supply scheme for Mianwali were considered and approved. The Board recommended to the municipal committee of Umballa that they should take up a piece of land for a sewage farm, and in connexion with the sewage disposal works at Simla they recommended the continuance of the filter experiments in the hope that they might throw light upon the method of disposal of the sewage at the Snowdon outfall. The land required for the sewage farms lies in State territory, and would have to be acquired by negotiations with the State authorities. Grants-in-aid for sanitary works were made to various local bodies out of the amount placed by the local Government at the disposal of the Board for this purpose, and the Board also allotted certain grants for experimental works at Umballa and Simla. The attention of the Board was also directed to the question of rewards to villages in the Chenab Colony for sanitary improvements and to other matters.

North-West Frontier Province.

141. The aggregate income in 1903 of the ten municipal towns and the Tank "notified area" in the North-West Frontier Province amounted to Rs. 6,97,546, the opening balance at the beginning of the year being Rs. 1,87,620. The expenditure on sanitary works was Rs. 1,38,542, equal to 19·8 per cent. of the income. It was incurred under the following main headings, the figures in brackets representing the expenditure under the same headings during 1902: conservancy establishment Rs. 67,566 (69,606); paving Rs. 9,317 (9,328); roads and bridges Rs. 6,875 (15,330); drains and sewers Rs. 17,806 (15,156); water-supply including cleaning wells and tanks Rs. 23,045 (22,155); construction of latrines Rs. 2,125 (1,138); repairs to latrines Rs. 327 (476); widening streets Rs. 11,481 (904).

The income derived from the sale of manure and street sweepings in all the municipal towns was Rs. 19,549 or Rs. 3,112 more than in 1902.

No new work of capital importance was undertaken during the year, but in Peshawar city the sum of Rs. 13,108 was spent on the extension of the water-supply, cleaning wells, and the maintenance of the water-works establishment, and the sum of Rs. 14,804 on the construction of new surface drains and the repair of old ones. In Kohat, in consequence of the limited quantity of pipe water available, it was possible to extend the supply only to the new slaughter-houses at Jarwanda and to Sangeri. In this town fair progress has been made of late years in the construction of town drains, and in 1903 the sum of Rs. 2,579 was spent on this account. In Dera Ismail Khan, Bannu, and other places in the province attention was paid to water-supply by the construction of new wells or of water-cuts, and the cleaning out of old wells and tanks.

No rewards were paid or *khillats* given to village communities during the year for special interest taken in sanitary improvements, and so far, no useful result is said to have followed the issue of sanitary note books to villages.

Central Provinces and Berar.

142. The sanitary administration of Berar was taken over by the Sanitary Commissioner of the Central Provinces on the 1st of November 1903 and in future a single report on the combined area will be given.

In the Central Provinces the total income of head-quarter municipalities during 1902-1903, excluding opening balances and receipts under the headings of "Grants and Contributions for General and Special purposes" and "Extraordinary and Debt," amounted to Rs. 10,63,449, or Rs. 32,045 less than in the previous year. Of this sum 35·76 per cent. was spent on original and recurring sanitary works, 7·77 per cent. on medical relief, ·08 per cent. on vaccination, and 2·10 per cent on other sanitary requirements.

In Berar the total income amounted to Rs. 1,85,496, of which 33·84 per cent. was spent on sanitary works, ·49 per cent. on vaccination and 3·07 per cent. on other sanitary requirements.

No new work of great importance was undertaken during the year, but in connexion with the Nagpur water-works a sum of Rs. 56,925 was expended in laying a duplicate rising main and in providing a new pump ; the Nagpur drainage survey was also completed and the project prepared. Extensions of the water-supply service were made in connexion with the Bhandara, Harda, and Burhanpur water-works, and drainage surveys for Khandwa and Burhanpur have been completed. A number of minor works were carried out by municipalities chiefly in connexion with the improvement and extension of water-supplies and the construction and repair of drains. In the villages of the Central Provinces which are under the Village Sanitation Act, the chief expenditure was incurred under the headings of conservancy and clearing of village sites. The provincial Sanitary Commissioner considers it desirable that in all these villages a certain portion of the income should be devoted to improvement of the water-supply and of the drainage, and notes that in the districts of Bhandara and Wardha only does this appear to have been done to any appreciable extent. In comparison with the previous year considerable activity has been shown in sanitary matters in several head-quarter municipalities in the Central Provinces.

During the year a special grant of Rs. 25,000 was made by the local Government for the improvement of village water-supply in the Central Provinces. The money was allotted to villages in the Nagpur, Chhattisgarh, Jubbulpore and

Nerbudda divisions, and the works as finally sanctioned were the construction of 95 new wells, the repair of 80 existing wells, and the construction and improvement of five tanks, at a total estimated cost of Rs. 45,034. It is expected that all these works will be completed before the onset of the rains of 1904.

Sanitary Board.

During the year meetings of the Sanitary Board were held at the head-quarters of all districts in the Central Provinces, except Seoni and Nagpur. Steps have been taken to maintain in each district council's office a record of desirable works of village sanitary improvement as well as a register of all wells constructed in connexion with the district sanitary schemes, with a view to their being periodically inspected and kept in good repair. The work done under the direction of the Board was chiefly in connexion with the construction and repair of wells.

In Berar the meetings of the Sanitary Board have hitherto usually been held at district head-quarters during the rains. There is nothing in the nature of a district sanitary scheme and proposals for sanitary improvements have usually been made by the Sanitary Commissioner, the entire cost being debited to district funds. Apparently no local aid has ever been sought. In future the Civil Surgeons of Berar, like those of the Central Provinces, will go on tour during the cold weather in order that they may become acquainted with the sanitary needs of their districts.

Madras.

143. No details regarding income or expenditure of municipalities are furnished in the provincial report. The Cocanada water-works, the estimate for which amounted to Rs. 4,66,200, and the Vizagapatam water-works were both completed during the year and opened for public supply. The protective works to the head-works of the Trichinopoly water-works were also completed during the year and two additional infiltration wells for these works were sunk. Water-works for Coonoor, Guntur and Dindigul were in course of construction and good progress had been made with them by the end of the year. The construction of experimental filters for disposal of the sewage from the King Institute of Preventive Medicine at Guindy was completed by the Sanitary Engineer.

Schemes in connexion with water-supplies for Coimbatore, Gudiyattam, Nellore, Cuddapah, Ellore, Kodikanal, Masulipatam, Tiruvannamalai, Vellore and Saidapet were considered and dealt with, as well as schemes of drainage for Ootacamund, Anantapur, Madura, Mangalore, Srirangam and Salem.

The plans and estimates for 101 minor sanitary works, of which three were minor drainage works, 31 minor water-works, 29 hospitals, 20 markets, 10 slaughter-houses, 4 latrines, 1 incinerator and 3 improvements to roads and buildings, were checked and scrutinised by the Sanitary Engineer during the year.

Slow but steady improvement is being made in the conservancy of towns, and there is evidence that the utility of night-soil for agricultural purposes, notwithstanding caste prejudices, is year by year more fully recognised. Thus, during 1902-03 municipalities realized the sum of Rs. 42,078 from the disposal of rubbish and night-soil as compared with Rs. 41,824 in the previous year, and Rs. 22,773 during 1892-93. In Tanjore the net profit from sewage farming was Rs. 1,875, and in Madras City it amounted to Rs. 36,016. Modified filter trenches, to replace cesspools, have been introduced with success in Cuddalore, Palamcottah and Periyakulam.

The total income of District Boards during 1902-03 amounted to Rs. 96,57,247, of which, if the total income after meeting "plague charges" be regarded as that solely available, only 5·4 per cent. was spent on sanitation. The provincial Sanitary Commissioner is of opinion that the absence of new sanitary works carried out by district boards is partly due to a lack of officers with time to devote to suggesting and drawing up the main outlines of simple schemes, and in this respect improvement may be expected from the recent appointment by the local Government of District Health Officers of the Assistant Surgeon class.

Sanitary Board.

During the year the Board reviewed the schemes relating to 149 sanitary works, of which 50 were for municipalities, 94 for Local Fund Boards, 1 for the Collector of Madura, 1 for the Collector of Salem, 1 for the District Magistrate of Anantapur, and 2 for the Inspector-General of Prisons, the aggregate estimated cost of the schemes being Rs. 17,66,394.

The following were among the more important schemes reviewed :—

(1) The water-supplies of Vellore (Rs. 3,60,000), Yercaud (Rs. 74,200) and Kodaikanal (Rs. 62,250).
(2) The drainage of Madura (Rs. 6,57,380) and Ootacamund.
(3) Improvements in the sanitation of Ootacamund (Rs. 14,458).
(4) Hospitals at Nandyal (Rs. 55,000) and Bezwada (Rs. 58,565) and a dispensary at Tirukkattuppalli (Rs. 5,000).
(5) Improvements to the market at Coonoor (Rs. 1,87,000) and a general market at Calicut (Rs. 30,300).

Rules for the conduct of the business of the Board were revised and the effect will be to reduce the volume of work devolving on the Board and secure greater expedition in carrying out smaller schemes. In future the powers of sanction of local bodies will be up to Rs. 500 and schemes costing between Rs. 500 and Rs. 1,000, will be disposed of by the Sanitary Engineer without reference to the Sanitary Board.

Coorg.

144. Particulars regarding the income and expenditure on sanitation of the municipal towns or of the district boards are not given in the provincial report. The advent of plague directed special attention to sanitation throughout the province and gave rise to a total expenditure of Rs. 4,667, but apart from the permanent improvements effected by a portion of this outlay, no sanitary work of importance was carried out during the year.

Sanitary Board.

No formal meeting of the Sanitary Board was held during the year, but the Commissioner and the Civil Surgeon met frequently to discuss the details of certain sanitary reforms carried out in Mercara and Virajendrapet.

Bombay.

145. Excluding the Presidency town there were 166 municipalities in Bombay during the year 1902-03 ; and their aggregate income amounted to Rs. 59,84,404. Out of this sum Rs. 15,90,634 were spent on improving water-supply, on drainage and on conservancy within municipal limits. Compared with the previous year there was a decrease of about 4 per cent. in income and an increase of about 12 per cent. in expenditure.

The ravages of plague have embarrassed the financial position of most municipalities and for want of funds many urgent schemes of water-supply and drainage have not been carried out. At Ahmedabad the extension of the drainage, estimated to cost about eleven lakhs of rupees, made good progress during the year. The Sanitary Engineer inspected the works twice during the year and advised regarding a site for the proposed sewage farm. The municipality of Karachi applied for permission to raise a loan for the extension of the drainage, estimated to cost about eleven and a half lakhs of rupees, and the Sanitary Engineer submitted a report upon the scheme.

The income of the local Boards during the year amounted to Rs. 48,96,941, of which Rs. 2,35,775 were spent on water-supply and drainage. As compared with the previous year the income of these Boards increased by Rs. 4,58,099, and the expenditure under the above heads by Rs. 74,603.

The Bombay Village Sanitation Act of 1889 was in force in 265 villages against 294 up to the end of last year, the decrease being due to the abolition of 37 non-working committees in the Poona collectorate.

Sanitary inspection books have been introduced into a large number of towns and villages, and in Broach they have been introduced throughout the district.

Sanitary Board.

The Sanitary Board met once only during the year, when a number of minor questions were discussed and a recommendation was made that two surveyors should be appointed to work under the Sanitary Engineer for the purpose of preparing small projects for municipalities. The only important question referred for the opinion of the Board was that of the sanitary regulations to be adopted for the new suburbs of Bombay in the island of Salsette. The work of locating the proposed roads, open spaces, building sites, etc., of these suburbs is being carried out under the orders of the Collector, and the Sanitary Engineer visited the locality three times during the year.

The following were some of the schemes upon which the advice of the Sanitary Engineer was requested :—

(1) The water-supplies of Tatta, Poona, Sukkur, Bhiwndi, Karachi Jail and Ahmedabad ;

(2) The drainage schemes of Sholapur and Malabar Hill ;

(3) Sites for police lines at Poona, and for a jail at Nasik.

The experiments on the Manjri experimental sewage farm are being continued.

Burma.

146. The aggregate income of the 41 municipalities in Burma during 1903, including opening balances, amounted to Rs. 98,26,378 against Rs. 89,46,075 in the previous year. Of this sum 32 per cent. was spent on water-supply, 1 per cent. on drainage, 12 per cent. on conservancy and 9 per cent. on other sanitary works. On rural sanitation Rs. 1,59,975 were spent during 1903, as compared with Rs. 1,73,444 during 1902.

At Rangoon the Hlawga water-supply scheme, estimated to cost Rs. 39,15,932, is approaching completion, and it is anticipated that it will be in working order in March 1905. The present water-supply has been augmented by sinking artesian wells.

The Mandalay water-supply project which contemplated the sinking of wells on the "Smreker" system and pumping the water to a reservoir located on Mandalay hill, whence it was to be delivered in pipes by gravitation, has been completed, but it is stated that the cost is beyond the means of the Mandalay tax-payers ; and a proposal is now under consideration for supplying water by means of artesian wells.

The water-supply scheme proposed for Akyab has made no advance, but the Sanitary Engineer reports that the survey has been completed and that the project is under preparation.

At Prome the drainage scheme is being carried out piece-meal as funds become available, and during 1903 Rs. 13,642 were spent on this account, about half the town being now provided with good masonry drains. A sum of Rs. 98,459 was expended during the year on the new water-works of this town.

The water-supply scheme for Moulmein is progressing steadily and it is hoped that the work will be completed before March 1905.

A small septic tank installation has recently been constructed at Maymyo, and an interesting report by Mr. Gabbet, Executive Engineer, on the working of the installation has been commended to the attention of all municipal bodies in Burma.

Sanitary Board.

Two meetings of the Sanitary Board were held during the year. At the first meeting held at Rangoon, the Board considered and disposed of references forwarded by civil officers and municipalities asking for advice on sanitary questions and projects. Type designs for markets, slaughter-houses, latrines, and incinerators were also considered. At the second meeting held at Moulmein, proposals for a surface drainage scheme and for an underground sewage system for Moulmein town were considered. The proposal for a surface drainage scheme was approved, and the consideration of proposals for sewers postponed pending completion of the surface drains.

Military works.

147. The total expenditure on sanitary and other military works in India in 1903-04 amounted to Rs. 1,32,53,283 against Rs. 1,39,99,468 in the preceding year. Details regarding new works and improvements in some of the more unhealthy cantonments will be found in the statement appended to tables V and XXX at the end of the volume.

SECTION IX.

GENERAL REMARKS.

Red Sea Pilgrim Traffic.

148. For the pilgrim season of 1902-03 the Government of India announced that on their representation, His Majesty's Government had consented to remove the restrictions with regard to pilgrimage to the Hejaz which, in consequence of the continued prevalence of plague in India, had been in force during the past four seasons. In announcing the change of policy it was explained that the restrictions imposed on the liberty of His Majesty's Muhammadan subjects had at no time been agreeable to the Government of India, but had been rendered necessary in consequence of the apprehensions of certain European Powers that plague might be conveyed to Europe by Indian pilgrims. The previous orders were cancelled, and it was prescribed that no person should be permitted to embark with the object of making a pilgrimage to Mecca except at the ports of Bombay and Karachi in the Bombay Presidency, at Chittagong in the province of Bengal or at some one port in Madras which would be notified by the local Government of that Presidency. It was subsequently decided that a port should not be opened in Madras for the departure of pilgrims and that all Southern India pilgrims should be assembled in the Bombay Central Camp. All intending pilgrims were to be kept under observation until all risk of their carrying plague infection was over, and they were then to be conveyed from the place of observation to the port of embarkation. No passage tickets for the Hejaz were to be sold except at the places at which the pilgrims were detained under observation. Notwithstanding the removal of all restrictions as regards departure from India intending pilgrims were again advised, in view of the inconvenience likely to be experienced by them in Arabia, to defer their visit to another season.

According to the report on the Camaran Lazaret for the year 1902-03, twelve steamers conveying in all 5,125 pilgrims arrived from India. Four steamers sailed from Chittagong with 1,902 pilgrims, seven from Bombay with 3,042 pilgrims and one from Karachi with 181 pilgrims. All the vessels arrived at Camaran between the 24th of December 1902 and the 18th of February 1903.

The total number of deaths among Indian pilgrims at sea *en route* to Camaran was 15, the principal causes of death being malarial fevers, general debility and old age. During the period of detention at Camaran three deaths among British Indians are reported to have occurred, but no infectious disease made its appearance on the island.

Both before commencing the period of ten days' quarantine at Camaran and at the termination of that period the Indian pilgrims were this year required to undergo disinfection. The second disinfection is, in the British Vice-Consul's opinion, unnecessary and entails great hardship.

The Haj fell on the 9th of March 1903; the weather was favourable and the general health good. Towards the end of April a few cases of small-pox occurred, but only one Indian pilgrim was attacked. Special sanitary measures appear to have been taken, and the sanitary condition of Mecca was greatly improved as compared with previous years.

All the pilgrims from India, irrespective of the port from which they had embarked, returned to Bombay. They were conveyed in 13 vessels which arrived between the 5th of April and the 20th of June 1903. During the journey by sea nine deaths, one of which was due to small-pox, occurred. Four of the steamers arrived at Bombay with cases of small-pox (seven in all) on board. In accordance with the usual practice, pilgrims whose homes were up-country or beyond the frontier were not allowed to enter Bombay town but were despatched by rail direct from the landing sheds to their homes. The effects of all pilgrims were disinfected after disembarkation.

The improvidence of pilgrims from India is evidenced by the fact that in May between 200 and 300 were destitute, and a large number had no money to pay for their return journey to India. The British Vice-Consul at Jeddah induced the Bombay and Persia Steam Navigation Company to convey 356 destitute pilgrims to India without payment and 150 at Rs. 5 each, the Consulate providing food for the journey out of the Indian Pilgrim Relief Fund.

With regard to the payment of sanitary dues levied at Camaran, it may be noted that this season 30 per cent. of the Indian pilgrims paid their fees in gold and benefited accordingly.

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Malaria.

149. In these reports for the years 1901 and 1902 summaries were given of the experiments in mosquito destruction carried on at Mian Mir by Captain James and Lieutenant Christophers. Since the full accounts of the work done by these officers were published the experiments have been the subject of many criticisms, some of them favourable and some of them unfavourable. Of the unfavourable criticisms some are just and will be useful in respect of the conduct of future experiments, but some can have been made only in forgetfulness of the state of knowledge when the experiments were initiated, and very many seem to be founded upon a misconception of their intention and scope. In the somewhat scanty accounts of other experiments of a similar nature, we find that anti-mosquito operations involving, at the most, inconsiderable engineering works were carried out with the immediate result of producing an astonishing diminution of the incidence of malarial fevers in the locality—as gauged by the entries in dispensary books; but in some cases it would appear that, before the anti-mosquito operations, malarial fevers were diagnosed from clinical symptoms, and, after the operations, by the use of the microscope. When a change of this sort is made in the method of diagnosis in India, equally astonishing results ensue, apart altogether from any anti-malarial measures.

At Mian Mir the main operations were directed against mosquitoes and an attempt was made to ascertain the degree to which their multiplication could be limited by such proceedings as are within the compass of a mosquito brigade. In the present state of our knowledge it must be obvious to any one that, if mosquitoes can be exterminated in an area, this is the best way to get rid of malaria; the use of mosquito curtains and quinine, however valuable in individual prophylaxis, being merely palliative in the case of a community. The experiments showed that in such a cantonment as Mian Mir mosquito destruction is beyond the powers of a mosquito brigade, and it becomes a problem what is the best method, or combination of methods, to suppress the disease in such a place. The first question is, what engineering works and what restriction of cultivation will bring mosquito destruction within the powers of a mosquito brigade; and the second, what will be the cost of the engineering works and of the restriction of cultivation in money and in the amenities of life. If the cost in either direction is excessive, it has to be decided whether it would not be well, in the first instance, to try the effect of removing bazaars and houses inhabited by native children to a distance from barracks, treating with quinine all native children found to be infected, preventing the breeding of mosquitoes within, say, two hundred yards from barracks, the issue of mosquito-curtains to the men, and the prophylactic use of quinine. If all those measures fail and the abandonment of the cantonment is out of the question, then we must fall back upon great drainage works and restrict cultivation to the limit which will render the extirpation of mosquitoes possible without rendering the cantonment uninhabitable by man. Where, on the other hand, ample funds and labour are available, and where it is considered that the probable reduction in the amount of malaria will sufficiently compensate for any disadvantages, economic or other, which can scarcely be avoided, it is doubtless preferable to commence forthwith extensive works of surface drainage and the filling up of all hollows and surface inequalities with the object of preventing the breeding of mosquitoes.

The question is finally one of cost and convenience and where the local circumstances vary so greatly each problem must be judged on its merits, for the method which may succeed in one place may fail completely elsewhere.

In the case of Mian Mir the military authorities have decided to adopt the latter of the two courses mentioned above. In a special order lately issued by the General Officer Commanding the Lahore Division it is stated that in Mian Mir the following measures will be carried out :—(1) closing of canal irrigation; (2) levelling in of all hollows; (3) surface drainage; (4) removal of jungle grass and bush; (5) proper disposal of water used for washing or otherwise polluted; (6) proper disposal of refuse; (7) sanitation of cook-houses; (8) sanitation of servants' houses; (9) sanitation and reduction of extent of various bazaars. With reference to the first and second of these measures it has been decided that the filling in of canal cuts and the levelling of hollows made for building lines shall be carried out as a military fatigue duty. The results of this experiment will be watched with great interest.

When it was found that mosquito destruction by simple measures was impossible in Mian Mir, Captain James was placed on special duty to visit other malarious cantonments with a view to further experiments. During 1904 the cantonments of Delhi Fort, Meerut, Allahabad Fort and Fatehgarh were examined by Captain James with the following results. Delhi Fort was visited in April and again in August. In the former month larvæ of anopheles were found in many pools and reservoirs of water in the grounds of the Fort, but no adult insects could be found in the barracks, and new infections had not commenced among the troops. In August the number of breeding places had increased very greatly. Building operations were going on in the Fort grounds, and numerous pools of water, in all of which anopheles larvæ were abundantly present, had formed near the barracks. Larvæ were also found in the Selimgarh channel, which runs just outside the wall of the fort. Adult anopheles were very numerous in the barracks and the troops were beginning to suffer severely from malarial fever. Early in the month 53 per cent. of the native children under 10 years of age living in the Fort were found to have malarial parasites in their blood. The breeding places in the grounds of the Fort itself are so numerous that to deal with them effectively would be a task of some difficulty; but, even if they could be done away with, there would still remain on one side, within 50 yards, the dangerous Selimgarh channel, and, within 300 yards, the river; on another, in close proximity to the Fort, the native town of Delhi; and on a third, at a distance of about 1,000 yards, the lines of the native infantry. In view of the proximity of these extensive sources of anopheles, Captain James considers that an attempt to rid the Fort of malaria-carrying mosquitoes by efforts directed only against the breeding places in the grounds of the Fort itself would not be successful, and that to deal with the sources outside the Fort is impracticable. He believes that the troops in Delhi Fort would willingly use mosquito-curtains if they were provided with them and that this measure is the best practical means of combating malaria in this Fort.

The cantonment of Meerut was visited at the end of August. Like Mian Mir it extends over a wide area, and experimental operations would be best confined to the lines of one regiment. The three British units are located at some distance from one another, and, as in Mian Mir, if operations were carried out in one series of lines, control observations could be made in the others. A preliminary malarial survey was made in the lines of the British Cavalry. At first sight these lines would seem to be well adapted for anti-mosquito operations for there is no irrigation in their immediate vicinity and apparently they are well drained. There is, however, no lack of anopheles, and numerous breeding places containing larvæ were present in the lines at the time of examination, and many adult insects were found in the barracks and harness rooms. Two classes of breeding places in the lines would be very difficult to deal with, *viz.*, (1) eight very large ponds and (2) a deep drainage channel called the Abu *nullah* which runs along one side of the lines between the barracks and the village occupied by the syces. Numerous anopheles larvæ were found in the running water of this *nullah* and it is probably the chief breeding place of the malaria-carrying species. There is another feature which would probably prevent anti-mosquito measures carried out in these lines from being successful. Although on three sides of the lines there are extensive spaces of waste land, the fourth is in direct communication, by means of numerous bungalows, with the large cavalry bazaar. To deal with all the breeding places in the compounds of these bungalows, in the bazaar, and to a sufficient distance beyond it, would be a very difficult task. At the time of examination 25 per cent. of the children in this bazaar were infected with malarial parasites, but it is possible that, as in Mian Mir, the endemic index would rise rapidly in October. In the syce lines only 15 per cent. of the young children were infected with malarial parasites at the end of August, and, while this cantonment is not so malarious as Mian Mir, the season during which new infections occur is even shorter than in that cantonment—at most lasting from the beginning of September until about the middle of November. The outlook for the success of anti-mosquito measures is certainly more hopeful in Meerut than in Mian Mir, but in view of the difficulties already mentioned, and the fact that protection from malarial infection would be required for about two and-a-half months of the year only, there is reason to suppose that the disease could be combated more easily and probably more successfully by other methods.

Allahabad Fort was visited in the beginning of September. It is well drained and throughout the area inside the walls only two collections of water could be found. Both were the result of leakage from standpipes, and both contained numerous anopheles larvæ. One of the large cemented reservoirs in the arsenal grounds also contained numerous larvæ, but these reservoirs, as well as all other breeding places inside the Fort, could be easily dealt with. Outside the Fort there is, on the one side, the river Jumna, and on the others a broad open plain through which the railway runs. At the time of inspection the river was in flood and could not be examined for larvæ, but it is probable that at times when it is low, numerous breeding places would be formed along its banks. The ground on the other side of the Fort is much broken and interspersed with numerous holes, small tanks and ditches. Most of these were full of water and contained numerous anopheles larvæ. It is doubtful whether any of the breeding places outside the Fort could be effectually dealt with, but the main objection to the initiation of an experiment against mosquitoes in Allahabad Fort is the fact that it appears to be only very slightly, if at all, malarious. There is no source in the immediate neighbourhood from which anopheles could become infected. Only ten native children were living in the Fort at the time of inspection; all were examined but not one had an enlarged spleen and malarial parasites were not found in the blood of any. The village of Kydgunj, situated about one mile from the Fort, is the nearest inhabited area. Twenty-five native children in this village were examined, but malarial parasites were not found in the blood of any, and not one had an enlarged spleen. It must be assumed, therefore, that new infections with malarial parasites occurring among people resident in the Fort are derived, through the agency of mosquitoes, from relapsing cases occurring among the troops. And this is very probable, for it frequently happens that the troops who garrison Allahabad Fort have previously been stationed in Delhi, and that a large proportion are more or less saturated with malaria on their arrival in Allahabad. In 1903, for example, out of 51 recorded admissions and re-admissions for malarial fevers, 24 were among men of the 75th Company, Royal Garrison Artillery, who had arrived from Delhi in November 1902. In the medical officer's opinion most of the remaining cases would have been more correctly returned under the heading of "simple continued fever" than under that of "ague." Having regard to these facts and to the difficulties of dealing with the breeding places of mosquitoes outside the Fort, Captain James is of opinion that malaria will be best combated in Allahabad Fort by the administration of quinine to all men who have come from malarious stations, and by the use of mosquito-curtains in the hospital and barracks.

Fatehgarh was the last place examined during the year. This station also appeared to be only very slightly, if at all, malarious. In the bazaar which is situated in the centre of the lines, 30 native children under 10 years of age were examined, but not one of them had an enlarged spleen and in no case were malarial parasites found. Apart from this fact, however, the ground upon which the cantonment stands is so broken and so full of ditches and holes that a crusade against mosquitoes could not be undertaken except at great expense. A *kutcha* water channel of considerable width and depth, receiving tributaries from all parts of the cantonment area, runs through the lines to the Ganges river. To deal with it alone would be an engineering work of some magnitude, and so many other ditches and large holes exist in the area that experimental anti-mosquito measures would be useless. A large number of the admissions for malarial fevers recorded in this station are undoubtedly relapses of infections contracted elsewhere, the unusually hard work necessitated during the training in the mounted infantry classes being a powerful contributing factor. The composition of the force in this cantonment is, moreover, such as to prevent a comparison of the statistics of sickness during one year with those of another being of value, for it is made up of detachments from three regiments stationed in different parts of India, and each detachment remains only three months.

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An important parasite recently discovered in man.

150. A special feature of research during the present year has been the elucidation of facts regarding a hitherto entirely unknown parasite of man and the differentiation of the morbid conditions to which it gives rise. In last year's report brief reference was made to this important parasite, and the résumé of our knowledge on the subject given in that report may conveniently be amplified and brought up to date here.

The first reference in literature, which can be said to relate to this parasite, is contained in an article written in 1885 by Cunningham, who, in describing the pathological appearances of sections made from the tissues of a "Delhi boil," drew attention to the presence in the tissues of certain cells containing darkly staining bodies. At that time neither the examination of smears made from fresh tissues nor Romanowski's stain were in use, and therefore it is not surprising that Cunningham did not observe in the bodies the characteristic structure which has since been revealed by modern methods of chromatin staining. In 1891, Firth showed that the parasitic nature of the cells discovered by Cunningham was fully recognised by naming them "sporozoa furunculosa," but from the date of his paper until 1903 no further mention of the parasite occurred. In February of that year Marchand described, before the Medical Society of Leipsic, certain curious ring-like bodies included in large cells in the bone marrow from a case of Banti's disease, but whilst hinting at the possibly parasitic nature of the bodies, he came to the conclusion that they were, in reality, the products of nuclear changes. In May 1903 Leishman described certain bodies, each possessing two very characteristic chromatin masses, found by him in 1900 in smears from the spleen of a case of Dum Dum fever. He believed them to be parasitic in nature, and, studying material taken *post-mortem*, often some time after death, and chiefly concerned with the appearance of the chromatin masses, he came to the conclusion that the bodies were trypanosomes which had become altered by the death of the host or by the action of cells during life. This view of the nature of the bodies was dispelled by Donovan, who, using material taken by spleen puncture during life, was the first to suspect that the bodies were a form of parasite as yet undescribed. Donovan forwarded specimens to both Ross and Laveran, and it was chiefly from the descriptions published by these two observers that the scientific world first realized the high interest and great importance of the discovery. Laveran and Mesnil boldly announced that the bodies were a hitherto undiscovered human parasite and gave a description of the appearances seen in films of splenic blood to which no material addition has since been made. They found forms included in a substance which they took to be the body of a red blood corpuscle altered by the presence of the parasite, as well as forms which were distinctly pear-shaped, and forms divided into two or more by a process of fission, and they finally came to the conclusion that the parasite was a new species of *Piroplasma*. Ross also published, in two notes, an accurate description of the appearances of blood drawn from the spleen. He drew attention especially to the substance in which the bodies were embedded, and, discarding the view that it was the altered substance of a red cell, he termed it merely a matrix, but stated his opinion that it was, in all probability, an integral part of the parasite, possibly fragments of a parent mass. For some time interest chiefly centred in the nature of this matrix, and in addition to the two views given above, Manson and Low gave it as their opinion that this substance was, in some cases at least, a secretion thrown out by the bodies themselves. The most probable hypothesis was that finally given by Christophers, who, comparing the appearances seen in films of splenic blood with those in sections of the viscera, came to the conclusion that the matrix was merely the fragmented cytoplasm of the splenic cells in which the great majority of the parasites are, under natural circumstances, included. Whilst discussion was rife as to the nature of the parasite important facts were coming to light in regard to the clinical and pathological conditions to which it gave rise. For many years it had been recognised that in some cases of so-called "chronic malarial cachexia" a disease existed which by no means conformed to the ordinary type of malarial infection, and in which several observers had consistently failed to demonstrate malarial parasites in the peripheral blood. It was also extremely resistant to treatment, and was largely responsible for the high death-rate ascribed to malaria in India. This disease indeed was so prevalent as to give to the fever cases in the hospitals of Calcutta and Madras a distinctive character, which was very puzzling so long as it was thought to be a manifestation of malaria. It was not long after the discovery of the bodies before it was generally recognised that these anomalous cases of fever were those of infection by the new parasite and had no relation to malaria. Cases of the disease were also reported from China, Egypt, Arabia, South Africa and elsewhere, and it became evident that the parasite was the cause of one of the commonest, most widespread and important of tropical affections. A new point of interest arose in connection with *kala azar.* In December 1903, Donovan stated his belief that the disease seen by him in Madras was identical with *kala azar*, a surmise strengthened by the examination of material sent to him by Bentley and afterwards fully confirmed by Rogers, who left no doubt that *kala azar*, Dum Dum fever and some cases of so-called malarial cachexia were one and the same disease.* Throughout all these researches the attention of workers had been entirely directed towards the relation of the parasite to the blood and to its presence in the liver and spleen. An entirely new aspect was therefore opened up when Wright discovered bodies very similar to those present in certain cases of enlarged spleen, in the tissues of an Oriental or Delhi Sore, and James, comparing the parasites obtained from cases of splenic enlargement with those from Oriental Sores, left no doubt that in appearance, at any rate, they were identical.

Wright defined Oriental Sore, as Cunningham and others before him had done, as a focal granuloma of the skin, and he described and figured as the essential condition, a large mass of granulation tissue composed of cells which were, for the most part, crowded with the protozoan bodies and were strongly reminiscent of the lepra cells in a leprosy tubercle. His work clearly demonstrated that in Oriental Sore the organism is present in a rôle entirely different to that of a blood parasite.

The significance of Wright's discovery was not at first clear, and the association of two such dissimilar diseases as splenomegaly and tropical ulcer gave rise to considerable bewilderment. The relationship of the two conditions became clearer as research proceeded. In some cases of splenomegaly the bodies were found by Donovan in small ulcers about the knees and elbows, whilst Christophers demonstrated their presence in the granulation tissue of intestinal ulcers and showed not only that the bodies occurred in the spleen, liver and bone-marrow, in ulcers and granulation tissue of the intestine, in papules and ulcers of the skin, in the testis, lungs, kidneys and lymphatic glands of the groin, but also that they were, in practically every case, included in the cytoplasm of cells, a fact later confirmed by Manson and Low who also independently found the bodies in lymphatic glands of the mesentery. In addition Christophers pointed out that the cells which the bodies occupied were chiefly endothelial cells of the capillaries and minute vessels of the viscera and granulation tissue, thus demonstrating a type of endothelial invasion. Whilst the infective processes and relations of the parasite to the tissues of the host were thus being gradually shown to involve much wider principles than had hitherto been suspected, interesting developments were taking place in regard to its zoological characters. In spite of the evidence against the trypansome nature of the bodies, the startling resemblance of the double chromatin masses to the centrosome and nucleus of the *Trypanosomata* had kept research continuously applied to the question of their relationship to this still far from worked out group. The publication by Schaudinn of a paper of almost revolutionary character still further concentrated attention upon this point. Among many items of protozoan development, Schaudinn described that of a halteridium of the stone-owl in the alimentary canal of a "culex" mosquito, and influenced by analogy, it was suggested by several observers that the newly discovered parasite probably went through a trypanosome stage. This suggestion has possibly received confirmation in some recent work by Rogers, who reports that by keeping blood containing the parasites for two or three days in a solution of citrate of sodium at a temperature of 22°C., he has succeeded in observing the development of the parasites into trypanosome-like forms.

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* As was to be expected there has been a tendency of late to regard *all* cases formerly diagnosed in India as "malarial cachexia with enlargement of the spleen" as being due to the newly discovered parasite. The recent work carried out in the Punjab by Captain James shows that this is not the case and that true malarial cachexia must still be regarded as a disease of great importance in India.

Thus our knowledge of this parasite, gained in a period of about two years, has left its zoological position almost as uncertain as when it was first discovered. Whether the parasite has a real relation to the pathogenic trypanosomata of mammals or whether it merely passes through a flagellate stage, we cannot yet assert. The fact that Laveran still believes that the organism is a *Piroplasma* shows how inconclusive is the evidence for its inclusion in any of the orders or even classes of the Protozoa at present recognized.

As regards the infective process in man our knowledge had advanced considerably. The establishment of the fact of a granulomatous lesion and of an infective endothelial invasion by a protozoan is important, and the fact that probably the same protozoan is concerned, leads one to suspect that, just as there may be an invasion of the lung, of the skin, of the lymphatics, or even of the bloodstream, by a bacillus, so there may be by certain protozoans. The study of the disease in man has also brought into prominence the necessity for the examination of other tissues than the blood, especially of the great store viscera of the body and the lymphatic glands. It has also given some very suggestive clues in the study of splenic anæmias, and it has greatly simplified many problems in connection with malaria.

Of the method by which the disease is conveyed we know nothing, and the generally supposed absence of the parasite in the peripheral blood has led Manson and Low to suggest the fæces as a possible means of exit from the body. In this connection the observation of Christophers that the bodies are often present in the leucocytes of the peripheral blood, especially in advanced cases, is important and the possibility of a blood-sucking carrier should not be lost sight of. Observations upon the conditions under which the disease is contracted are much needed in order to give some more certain foundation for experimental research in this very important matter.*

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Further researches upon this parasite.

151. Since the above was written, a report has been received from Lieutenant S. R. Christophers, I.M.S., containing an account of some researches carried out by him in connexion with the development undergone by the parasites when kept at a low temperature in a solution of citrate of sodium. It will be remembered that, at the recent meeting of the British Medical Association, Captain Leonard Rogers, I.M.S., announced that by adding blood obtained by splenic puncture from cases of enlarged spleen caused by the parasites to a small quantity of sterile citrate of sodium solution, and keeping it at a temperature of 22°C. for two or three days, he had succeeded in observing the development of the parasites into trypanosomes. He found that when the citrated splenic blood was kept at blood heat the parasites very quickly disappeared, but that when kept in a cold incubator at 27°C. they retained their usual shape and characters for several days. Moreover, they increased markedly in numbers, and very numerous dividing forms were present. At a temperature of 27°C., however, the parasites lived for only three or four days, and he therefore reduced the temperature of the incubator to 22°C. This temperature was found to be most suitable for the development of the parasites, and he reported that in the cultures obtained from two cases " unmistakeable trypanosoma " appeared, together with smaller pear-shaped flagellated bodies and other intermediate forms. " The most marked of the cases showed completely developed trypanosoma with thick flagella macro-nucleus, and micro-nucleus, after incubation for one day, while the living forms were also seen in the blood culture, moving rapidly among the corpuscles " ...." The other case in which the trypanosoma have developed was a case of *kala azar* from Assam, and after incubating for five days at 22°C. we found in the citrated blood a number of intermediate forms and a few fully-developed trypanosoma."†

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* The following articles have been referred to in compiling this account :—Cunningham in Scientific Memoirs by Medical Officers of the Army of India, Part I, 1885 ; Firth in B. M. J. of the 10th January 1891, page 60 ; Marchand, " *Zur Kentniss der Sogen Bantischen Krankheit und der Anaemia Splenica*," in M. M. W., No. 11, 1903 ; Leishman in B. M. J. of the 30th May 1903, page 1252 ; Donovan in B. M. J. of the 11th July, 1903, p. 79 ; Laveran and Mesnil in *Bulletin de l'Academie de Medicine, Séance du 3 Novembre 1903*, p. 238, Tome L ; Ross in B. M. J. of 21st November 1903, page 1376 ; Donovan in B. M. J. of 28th November 1903, page 1401 ; Ross in B. M. J. of 28th November 1903, page 1401 ; Donovan in I.M. G. of December 1903 ; Laveran and Mesnil, " *Sur un Protozoaie nouveau Piroplasma Donovani*, Lav. and Mesn.), *parasite d'une fievre de l'Inde*, *Compt. rend des Séances de l'Academie des Sciences*, Tome cxxxvii, page 957. Séance du 7 Decembre 1903 ; Wright in Journal of Medical Research, Volume x, No. 3, page 472, December 1903 ; Bentley in B. M. J. of 16th January 1904, page 160 ; Ross in B. M. J. of 16th January 1904, page 160 ; Marchand and Ledingham in L. of 16th January 1904, page 149 ; Manson and Low in B. M. J. of 23rd January 1904, page 183 ; Laveran and Mesnil in *Compt. rend des Séances de l'Academie des Sciences*, Tome cxxxviii, page 187, Séance du 25 Janiver 1904 ; Leishman in B. M. J. of 6th February 1904, page 303 ; Christophers in Scientific Memoirs by Officers of the Medical and Sanitary Departments of the Government of India (New Series), No. 8, February 1904 ; Marchand and Ledingham in C.B. xxxv, page 594 ; Donovan in I. M. G., March 1904 ; Bentley in I. M. G., March 1904 ; Rogers in I. M. G., April 1904 ; Rogers in B. M. J. of 28th May 1904, page 1249 ; Manson and Low in B. M. J. of 28th May 1904, page 1257 ; Neave in B. M. J. of 28th May 1904, page 1252 ; Marchand and Ledingham in Z. H., May 1904, ; Manson and Low in B. M. J. of 2nd July 1904, page 71 ; Rogers in L. of 23rd July, 1904 ; Rogers, Leishman, Donovan, Christophers, Castellani, Bentley, Phillips ; Proceedings of the Section of Tropical Diseases of the British Medical Association, reported in B. M. J. of 27th July 1904 ; Donovan in the Annual Report of the Government General Hospital, Madras, for 1903 ; Christophers in Scientific Memoirs by Officers of the Medical and Sanitary Departments of the Government of India (New Series), No. 11, 1904.

† British Medical Journal, September 17th, 1904, page 648.

While there could be no doubt that Captain Rogers had made a most important discovery regarding the development of the parasites outside the human body, it was apparent from an examination of the illustrations attached to his article that the bodies which he regarded as fully-developed trypanosomes differed considerably from ordinary trypanosomes met with in animals. They possessed no undulating membrane, the micro-nucleus or centrosome was situated at the end of the parasite from which the flagellum emerged instead of at the opposite end as in ordinary trypanosomes, and the flagellum appeared to pass out of the parasite directly from the micro-nucleus instead of being continued along the whole length of the body of the parasite.

Lieutenant Christophers reports that, influenced by the discovery of Captain Rogers, he has kept blood obtained by splenic puncture from suitable cases under the necessary conditions, and has succeeded in observing a development of the parasites resulting in a great increase in numbers and the formation of flagellate forms. The following is a brief summary of the results obtained by Lieutenant Christophers in one of his cases. About 1 c.c. of blood was removed from the spleen of a case having a greatly enlarged spleen and a high, but irregular, temperature. Parasites was fairly numerous in a film made at the time of puncture. The blood was kept in a very small quantity of citrate of sodium solution at a temperature varying between 22°C. and 24°C. On the third day a number of the bodies were unchanged in appearance, but a very few were seen in which the protoplasm was increased in amount and was stained a dark blue. On the fourth day the large forms with darkly staining protoplasm were very conspicuous. As a rule they were circular in shape and the two chromatin masses were not so markedly at the periphery as in parasites seen in blood taken directly from the spleen. On the fifth day still larger forms were seen. The majority were as large or larger than a red blood corpuscle, measuring as much as eight micromillimetres in diameter. Their protoplasm was granular and stained distinctly blue. The large chromatin mass had increased in size and its substance was arranged in the form of numerous granules. The small chromatin mass, though slightly enlarged, retained its original shape and appearance. Many of the large forms were seen in various stages of fission and groups of two and of four forms were more numerous than single bodies. In addition, considerably elongated parasites, having the small chromatin mass or centrosome at one end, were present. In some of the forms a new structure, consisting of a circular vacuolic pink-staining area, was apparent, and by careful focussing an appearance resembling a coiled thread could sometimes be made out. The contents of some of the vacuolic areas appeared to have been extruded from the parasites and masses of pink-staining material showing the same shade of colour were frequently seen lying outside the body of the parasite near the extremity occupied by the centrosome. In a few cases delicate faintly stained irregular flagella-like filaments were seen to be continuous with partially extruded pink substance. On the sixth day the bodies were almost invariably in groups of from four to ten, the individual bodies being rarely of less size than a red blood cell. Pear-shaped forms were the most frequent, the large end containing the nucleus, while the thin end contained the centrosome. The thin ends of the pear-shaped bodies invariably lay close together attached to an indistinctly stained irregular mass forming the centre of the group. The thick ends projected in a characteristic way. Many of the bodies possessed a short, thick, clearly outlined, flagellum, the terminal extremity of which was distinctly thickened or clubbed. In many instances the flagellum could be clearly seen entering the body of the parasite. In some cases it appeared to arise directly from the centrosome, but in most a short gap intervened. Its length was in some cases at least fifteen micromillimetres. A certain number of forms were more elongated, but though they were of considerable length and tenuity no tendency of the flagellum to pass backwards towards the nucleus was observed. In a number of instances the bodies appeared to have developed and subdivided while still included in the cytoplasm of a cell. On the seventh day groups of many forms were most commonly encountered, several bodies in each group showing long flagella. Fission appeared to be in active progress and the central gelatinous-like mass was very voluminous. On the ninth day single forms were rare and closely aggregated masses of the bodies were almost exclusively seen. On the twelfth day subdivision had progressed still further. Individual forms were often diminished in size and it was often difficult to trace their outlines and to assign the chromatin masses to their respective parasites. The formation of flagella was a constant feature though it occurred in only a limited number of parasites in each group. No sign of degenerative changes or of a diminution in the number of groups had occurred and fission in an irregular way was still in active progress. Throughout the examinations no forms resembling adult trypanosomes were seen and the flagellum in every case, even in the very elongated forms, passed directly outwards from the centrosome.

Lieutenant Christophers considers that the most advanced forms seen by him are not essentially different from the most advanced forms seen by Captain Rogers, but he does not feel justified in stating that they are fully developed trypanosomes. He remarks that although in his own specimens and in the drawings illustrating Captain Rogers' article there are forms resembling some developmental forms of trypanosomata, the relation of the flagellum to the nucleus even in the most advanced forms is certainly not that found in a fully-developed trypanosome. Although it is possible that the parasites must be included among the class of *Flagellata*, the improbability that they belong to the genus *Trypanosoma* is the greater when we consider that the conditions present in infections by the parasite under discussion are entirely different from those of ordinary mammalian or human trypanosome infection, and for these reasons it would be rash to form an opinion as to the exact zoological position of the parasites until further work has been done.

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Oriental or Delhi Sore.

152. It is satisfactory to note that the etiology of yet another important disease in India has been to a great extent cleared up as a result of recent researches. In view of the discovery in America of certain protozoal organisms in the tissues of a "tropical ulcer" or "Delhi Sore," Captain James, I.M.S., was directed in April 1904 to proceed to Delhi for the purpose of investigating the etiology of "Delhi Sore." He found that in Delhi itself the disease was somewhat rare, but with the assistance of Civil Surgeons in other parts of India he succeeded in obtaining specimens from 13 sores diagnosed either as "Oriental Sore," "Delhi Sore," "Lahore Sore" or "Sind Sore." In the case of three of these sores the correctness of the diagnosis was doubtful, and in specimens from them nothing of importance was found. In specimens from nine of the remaining ten sores were found numerous parasites similar to those recently described by Wright as being present in a case occurring in America. The remaining case was a typical

"Delhi Sore," but at the time of examination it had already lasted eighteen months and was healing up. There can be no doubt that true "Oriental Sores" occurring in India are caused by the parasites found by Captain James in so large a proportion of his cases, and the fact that the parasites were found in sores occurring in places so far distant from one another as Delhi, Karnal, Shahabad, Lahore and Quetta, indicates not only the wide distribution of the parasites, but also the identity of the disease known in India under so many names.* The Indian disease is no doubt identical also with the "Aleppo Boil" and "Baghdad Sore," etc., of other countries, for in addition to the case reported in America by Wright, Drs. Martzinowsky and Bogroff have recorded the finding of similar parasites in a case diagnosed as "Aleppo Boil" in Moscow. Captain James has compared the parasites obtained from cases of "Oriental Sore" occurring in the Punjab with those obtained by puncture of the spleen from cases of *kala azar* in Assam, and he considers that under the microscope the former parasites cannot be distinguished from the latter. On the other hand, he has carried out an investigation which goes far to prove that the parasite as met with in the Punjab, causes only the comparatively mild local skin affection known as "Delhi Sore," while as met with in Assam it causes only the dangerous general disease called *kala azar*. If this result is confirmed it will open up many interesting points for further investigation, some of which are the following: (1) the parasites of "Delhi Sore" and of *kala azar*, though very similar in appearance may in reality belong to different species, each producing a different pathological effect; (2) assuming that the parasites of "Delhi Sore" and of *kala azar* are identical, how is the fact to be explained that in one part of India they produce only a local skin infection while in another they produce only a general disease? (3) The point of infection in "Delhi Sore" is obviously the skin; if the parasites of this disease and of *kala azar* are identical the point of infection in the latter disease cannot be the skin, for even when numerous parasites are present in a "Delhi Sore" for months, no general disease like *kala azar* results, and the latter disease does not exist in some places where local skin infections with the parasites are not uncommon. (4) It follows that if any biting insect were shown to be the infecting agent of "Delhi Sores" it would not necessarily prove that *kala azar* is contracted by the same agency.

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The investigation of cancer.

153. In October 1901 a scheme was initiated in England having for its object the investigation of the cause, nature, and treatment of cancer. For this purpose a fund—now called the Imperial Cancer Research Fund—was started, and in July 1902 the investigation was set going, under the patronage of His Majesty the King, by the Royal College of Physicians of London and the Royal College of Surgeons of England. In the following year the Government of India were invited to co-operate in the investigation on lines similar to those which had been commended to the attention of the colonies. It had been pointed out by the Executive Committee of the Fund that in investigating cancer one of the chief matters of importance is to endeavour to ascertain whether the incidence of the disease is restricted to any race, or is dependent upon the circumstances of climate, soil, etc., and attention had been especially directed to the necessity for seeking whatever evidence there may be in India of the occurrence or non-occurrence of malignant new growths among natives. The Government of India accordingly caused a memorandum to be drawn up indicating the method and

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* Since this paragraph was written, Captain James has found the parasite in films from four "Frontier Sores" occurring in Dera Ismail Khan.

extent to which they considered assistance on these lines might be rendered to the Executive Committee of the Fund, and medical officers in charge of Government and other hospitals in India were asked to record their observations upon cases of cancer admitted to their hospitals in a form attached to the memorandum. The form provides for a complete description of each case and for all matters likely to throw light on the causation of the disease, and is prepared by the recording medical officer in duplicate, the original being sent to the Administrative Medical Officer of the Province and the duplicate direct to the Superintendent of Cancer Research, Victoria Embankment, London. The original reports received by Administrative Medical Officers are forwarded by them at the end of each year to the Statistical Officer to the Government of India in the Sanitary and Medical Departments. Writing in July 1904 the Superintendent of the Fund stated that a considerable number of reports on cases of cancer had reached him from medical officers in India. He pointed out that while the majority of the reports were quite satisfactory, in a few cases the ages of patients had been omitted. Measures were taken to prevent this omission in future returns and the information supplied from India is now as complete as is possible.

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Pasteur Institute of India.

154. The work at the Pasteur Institute, Kasauli, has increased enormously, but as the annual report of the Institute for the year ending August 8th, 1904, has not yet been published it cannot be noticed here.

The scheme for a Pasteur Institute for southern India, for which a site has been selected at Coonoor in the Nilgiri Hills, is progressing.

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Scientific memoirs.

155. Since the issue of last report the following memoirs have been published. No. 8.—A preliminary report on a Parasite found in persons suffering from enlargement of the spleen in India—By Lieutenant S. R. Christophers, I.M.S. No. 9.—Second report of the Anti-malarial operations at Mian Mir, 1901-1903—By Lieutenant S. R. Christophers, I.M.S. No. 10.—Specificity of Antivenomous Sera (second communication)—By Captain G. Lamb, I.M.S. No. 11.—On a Parasite found in persons suffering from enlargement of the spleen in India—second report—By Lieutenant S. R. Christophers, I.M.S. No. 12.—On the morphology, teratology and diclinism of the flowers of Cannabis—By Major D. Prain, I.M.S.

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Re-organization of the Sanitary Department.

156. For some time past the problem of the reorganisation of the Sanitary Department has received the anxious attention of the Government of India. It was felt that while considerable changes were necessary to adapt the administration of the department to the requirements of modern knowledge, it was no longer possible that this administration should form only a part of the work of the officer selected to fill the office of Director General of the Indian Medical Service.

The Government of India in their Home Department Resolution No. 1273-1290 (Sanitary) of the 8th September, 1904, after sketching briefly the history of Sanitary Administration in India and discussing proposals recently laid before them for its improvement, give their reasons for determining that the first step to be taken in any scheme of re-organisation is the appointment of a separate Sanitary Commissioner with the Government of India. They define the duties of the Sanitary Commissioner in paragraph 10 of this resolution.

> His advice will be of value not only in settling in consultation with the local Governments and Administrations the principles on which an advance should be made, but also

in giving effect to those principles, with due regard to local conditions and popular prepossessions, to the extent of the resources that are available from time to time. But the Sanitary Commissioner's work will also have another and an equally important side, the organization and direction of research throughout India, which will steadily increase with the progress of the scheme already sanctioned for the establishment on lines similar to those recommended by the Plague Commission of fully equipped institutes for the study of health problems in India. This scheme provides for a central laboratory devoted mainly to original research of a general character, and the manufacture of antivenene and certain curative sera. In each of the larger provinces there will be a provincial laboratory, the primary functions of which will be to conduct diagnosis and special research connected with local conditions. One of these, the laboratory at Parel, will also carry on the manufacture of plague prophylactic. If the scheme is to be efficiently worked and to produce results which will justify the expenditure incurred upon it, the whole body of institutions which it comprises must be under the control of a competent sanitary expert who can supervise, organize and co-ordinate the work, can prevent conflict and overlapping, and being himself in charge of sanitary affairs throughout India, can determine what questions call for scientific investigation and where and by whom the work should be done.

They define his position in paragraph 12.

In dealing with technical sanitary questions the Sanitary Commissioner must obviously have a free hand. As regards administrative questions the Government of India have considered, but have decided to abandon, the idea of making him subordinate to the Director General, Indian Medical Service. Efficiency and despatch of business will be the better secured if the Sanitary Commissioner has an independent position; while the co-operation and co-ordination which must be maintained between the two offices can be ensured without formally subordinating one to the other. It remains to define the relations of the new appointment to the provincial Governments. The Government of India have no intention of relieving local Governments of the direct control and responsibility which they have hitherto exercised in sanitary matters, or of weakening their authority over provincial sanitary establishments. The views held by the civil members of the Plague Commission upon this point are entirely endorsed both by the Government of India and His Majesty's Government. The main functions of the Sanitary Commissioner will as heretofore be to advise the Government of India upon sanitary and bacteriological questions. He will not be permitted to encroach in any respect upon the authority of local Governments over the officers under their control. But he will be empowered to consult and confer with them informally upon matters connected with sanitation and will in this respect occupy a position closely analogous to that of the Director-General of Education. He should also correspond unofficially with the provincial Sanitary Commissioners and the heads of provincial laboratories upon points of departmenal procedure, form and statistics, and purely technical questions.

The Sanitary Commissioner with the Government of India entered on the duties of the new appointment on the 6th September 1904.

JOHN T. W. LESLIE, *Lt.-Col., I.M.S.,*
Sanitary Commissioner with the Govt. of India.

APPENDICES

TO THE

Annual Report of the Sanitary Commissioner with the Government of India

FOR

1903.

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TABLE I.—*Highest, lowest and mean temperature in shade*

Station.	January.				February.				March.				April.				May.				June.			
	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.
Calcutta (Alipore)	84·1	48·9	66·7	+1·5	89·1	49·8	70·1	+0·1	99·9	62·1	79·6	+0·4	107·6	68·0	86·2	+1·2	106·2	73·2	88·3	+2·9	98·9	72·5	85·7	+1·2
Narayanganj*	81·1	50·2	66·0	—0·6	84·1	51·3	69·7	—0·7	91·6	59·3	77·7	—1·4	104·5	68·2	85·1?	+1·4?	99·1	70·2	86·4	+2·8	98·1	73·2	83·2	—0·5
Chittagong	84·6	48·0	66·8	+0·7	86·6	52·8	69·4	—0·7	87·6	59·2	76·1	—0·7	95·8	68·0	81·8	+1·3	94·3	69·2	82·7	+1·7	91·6	71·3	81·0	+0·5
Sibsagar*	72·3	42·9	57·8	—2·1	77·3	46·9	62·4	—0·8	84·3	51·9	69·1	—0·5	91·2	60·9	73·7	—0·9	91·2	65·0	77·2	—1·6	92·2	73·0	81·5	—1·4
Silchar*	79·9	44·5	63·5	—1·6	84·9	49·5	67·4	—0·8	89·5	53·9	73·4	—1·2	96·6	63·4	80·7	+1·9	95·6	65·3	82·2	+1·6	97·6	72·8	82·4	—0·5
Cuttack*	87·4	55·6	73·2	+1·1	94·9	54·6	74·9	—3·0	104·9	69·7	85·5	+0·8	112·5	72·2	91·0	+1·0	111·0	75·2	92·5	+1·6	102·4	73·2	88·0	+0·2
Hazaribagh	82·6	45·2	62·9	+2·0	86·2	43·4	64·9	—0·7	99·3	53·2	76·0	+0·6	105·1	61·4	84·5	+0·3	106·9	69·4	87·9	+2·3	104·6	71·2	84·8	+2·9
Patna*	78·3	44·7	62·4	+0·8	83·2	46·6	66·1	+0·2	96·3	52·7	76·6	—1·0	109·0	63·0	88·0	+0·9	111·1	73·2	91·6	+2·7	102·0	73·2	87·3	—1·0
Darjeeling	54·4	30·1	39·1	—0·2	57·9	30·7	40·4	—0·3	65·1	37·0	48·8	+0·6	71·1	40·3	56·9	+3·0	71·5	45·4	58·5	+2·2	68·8	51·7	59·6	—0·2
Allahabad	82·3	38·7	61·5	+0·9	91·9	38·8	63·6	—1·7	103·6	47·6	75·4	—2·4	109·6	56·5	86·4	—2·9	114·3	73·3	94·1	+1·7	113·1	78·1	94·4	+3·8
Lucknow*	79·2	39·1	60·3	—0·1	93·5	39·2	64·0	—0·9	101·9	49·2	74·8	—1·1	108·4	54·7	85·8	—0·9	114·4	72·3	93·0	?	110·3	73·3	93·1	+2·2
Meerut	74·9	37·7	56·2	0	90·1	39·2	60·9	+0·1	96·8	46·2	69·9	—1·4	103·9	49·3	80·3	—2·2	112·0	66·3	88·2	—0·3	109·7	74·3	93·9	+3·3
Delhi*	73·2	44·1	58·6	—0·7	90·7	45·1	63·1	—0·3	96·2	50·1	72·0?	—2·8?	103·7	56·6	83·6?	—3·0?	111·2	72·1	91·5	?	111·7	74·8	96·7	+3·5
Agra*	76·5	42·4	61·0	—0·1	92·0	42·9	64·7	—0·8	99·0	51·9	74·6	—2·4	105·0	57·9	84·6	—3·7	111·5	71·9	92·4	—2·0?	113·0	79·9	97·6	+3·2
Jhansi*	84·2	47·2	64·9	+1·1	96·2	47·2	68·8	+0·5?	104·3	56·7	78·2	—1·5	108·3	61·6	88·0?	—2·5?	112·9	77·1	95·2	—0·8	116·4	77·1	99·8	+6·4
Ajmer*	79·9	39·4	60·0	?	90·4	40·3	62·5	—1·1?	96·4	43·8	71·7	?	100·4	54·2	82·1?	—3·3?	108·9	72·1	91·6	0	111·9	80·5	96·1	+5·4
Saugor*	86·4	47·1	65·6	+1·3	92·9	46·6	67·4	—1·0	99·4	54·1	76·1?	—2·3?	105·4	56·1	85·2	—2·0	106·9	68·1	89·8	—2·1	110·5	72·1	93·4	+5·7
Jubbulpore*	86·9	41·9	65·3	+2·5	94·0	39·9	65·2	—2·3	101·0	46·9	74·8	—2·0	108·0	55·4	85·1?	—1·2?	108·5	68·6	89·3	—3·0	111·0	72·1	92·5	+4·8
Multan*	74·8	38·0	56·2	?	89·8	38·5	62·2	+1·6	91·8	44·4	68·1	—4·4	101·4	47·9	79·6	- 4·2?	114·5	67·5	90·3	—1·8	118·9	78·5	99·2	+3·4
Lahore	75·2	34·0	53·4	+1·4	90·4	37·0	59·9	+2·6	88·4	44·2	65·9	—1·9	98·8	46·0	77·0	—2·6	113·0	63·9	86·9	—0·5	116·9	75·9	95·4	+4·2
Peshawar	70·2	31·1	49·0	—0·5	81·1	34·9	56·4	+3·9	78·1	41·0	58·5	—4·5	91·0	42·1	68·5	—4·6	105·7	59·0	79·5	—3·9	114·0	69·7	91·5	+1·6
Ranikhet	61·4	30·0	44·5	—1·5	70·0	32·7	46·0	—1·1	75·0	35·1	52·2	—4·3	81·0	43·0	63·7	—1·2	89·1	49·9	70·5	+2·3	87·0	49·9	71·7	+1·2
Chakrata	57·8	27·4	41·5	—0·1	69·5	28·4	44·7	+2·4	67·5	29·9	46·6	—4·7	75·5	39·4	57·7	—2·0	81·0	42·8	64·6	—0·2	83·1	47·3	68·1	+1·0
Indore*	85·3	42·1	65·2	+0·6	94·3	41·4	65·8	—2·0	100·3	44·6	73·6	—2·9	105·8	50·1	82·8?	—2·4?	106·8	71·1	88·7	—0·7	109·3	70·1	88·6	+3·8
Deesa	88·9	40·6	66·7	—0·9	97·0	41·4	69·2	—1·3	102·9	46·6	76·4	—4·3	110·9	51·5	86·9	—1·1	113·4	71·7	93·6	+2·4	113·0	78·6	92·7	+2·9
Kurrachee	80·4	45·0	63·2	—1·8	87·2	44·7	68·3	+0·1	91·2	51·5	73·1	—2·2	98·6	57·4	78·6	—0·9	114·3	76·1	86·2	+2·2	98·4	82·8	89·0	+2·2
Bombay	86·6	61·5	73·5	+0·3	89·2	61·7	74·0	—1·1	87·7	64·3	76·4	—2·4	93·3	68·6	81·3	—1·3	93·7	75·4	83·5	—1·2	93·1	74·8	83·1	—0·1
Belgaum	86·3	52·8	70·2	+0·3	94·3	50·9	71·5	—1·3	100·2	55·0	76·5	—0·6	102·2	60·3	80·0	+0·8	99·7	65·8	77·3	—0·4	95·9	65·6	74·2	+1·6
Nagpur	89·1	50·5	70·9	+2·7	100·6	49·7	72·5	—1·2	106·8	56·2	83·1	—0·2	111·5	65·1	91·7	+1·2	112·8	73·1	91·6	—3·0	114·4	72·8	89·2	+3·2
Bellary	96·0	56·9	75·6	+2·4	102·5	58·9	80·6	+0·9	106·0	64·7	86·8	+1·2	108·5	72·4	90·2	+1·0	106·8	71·2	88·1	—0·5	105·0	70·2	84·5	+1·6
Bangalore	88·3	55·0	70·4	+2·8	92·9	56·7	73·7	+1·8	97·9	57·1	79·1	+2·2	98·6	62·5	81·3	+1·2	97·9	64·5	79·5	+0·9	93·7	64·4	75·7	+1·5
Madras	88·3	67·9	76·6	+1·1	91·4	67·2	79·0	+1·9	98·6	67·2	80·6	—0·2	98·0	72·6	83·8	—0·9	101·1	74·8	85·2	—2·2	103·1	74·3	86·2	—1·1
Rangoon	93·3	59·1	74·0	0	95·3	61·0	77·1	+0·7	99·9	65·3	79·9	—0·6	103·0	72·9	85·4	+0·7	101·2	73·4	83·4	+0·9	89·3	74·3	79·4	0
Akyab	85·1	?	?	?	89·9	?	?	?	91·9	61·6	78·6	+0·6	98·7	70·7	84·7	+1·9	97·1	76·0	84·8	+1·6	91·9	75·4	81·0	+0·2

* The mean temperature for the

and its departure from the average of each month at thirty-four stations of India during 1903.

July.				August.				September.				October.				November.				December.				Station.
Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	
94·1	75·6	84·6	+1·5	90·9	74·8	82·9	+0·4	91·9	72·8	82·4	—0·1	90·9	66·9	80·3	+0·3	84·4	57·9	72·5	+0·1	80·4	49·8	64·4	—0·9	Calcutta (Alipore).
92·1	?	?	?	91·1	74·3	82·6	—0·4	91·1	75·3	83·0	—0·7	92·1	73·8	83·1	+1·5	85·1	58·8	75·6	+0·7	80·1	52·3	67·2	—0·5	Narayanganj.*
92·1	74·5	81·9	+1·9	90·8	74·6	80·0	+0·3	89·7	72·7	80·2	—0·4	90·9	70·0	80·3	+1·3	86·7	60·0	74·3	+0·3	79·4	52·0	66·1	—1·3	Chittagong.
93·2	75·0	83·9	—0·1	93·2	72·0	82·0	—1·5	92·2	74·0	82·3	+0·2	90·2	66·0	78·4	+0·6	82·3	53·9	69·3	+0·4	74·3	45·9	61·0	—0·1	Sibsagar.*
98·6	74·3	84·5	+0·8	93·5	75·3	82·6	—0·6	91·5	72·3	82·2	—0·9	94·0	70·3	82·6	+2·1	90·5	56·4	75·4	+1·2	82·9	49·5	66·3	—1·1	Silchar.*
98·4	75·7	85·5	+1·3	93·4	76·7	84·8	+1·1	93·4	75·2	84·0	—0·2	92·4	68·2	81·9	—0·3	88·9	58·1	75·0	—0·6	83·3	52·1	68·3	—2·1	Cuttack.*
97·4	71·3	81·2	+3·1	89·4	70·5	78·4	+1·1	88·7	71·5	77·9	+0·9	88·1	61·0	74·0	+0·5	79·4	50·2	65·2	—1·6	77·1	44·9	59·7	—0·8	Hazaribagh.
107·0	78·2	89·2	+4·2	100·5	75·2	84·8	+0·5	93·5	76·7	84·5	+0·1	90·5	67·2	80·5	+0·2	85·2	49·6	70·0	—1·2	78·3	45·3	61·9	—1·0	Patna.*
71·1	56·1	62·3	+1·2	70·6	55·5	61·3	+0·7	69·4	55·0	60·7	+2·0	66·6	45·7	56·3	+1·9	61·2	37·6	48·0	+6	62·3	33·9	42·6	+0·7	Darjeeling.
112·6	78·1	91·7	+7·0	104·2	74·5	83·9	+0·7	93·0	75·9	83·2	0	89·6	61·4	77·0	—1·6	86·5	48·1	66·7	—2·3	79·9	42·3	58·9	—1·8	Allahabad.*
114·3	75·3	91·8	+6·1	100·3	73·8	84·1	—0·4	93·8	73·3	83·9	—0·5	90·3	59·7	77·6	—0·8	87·3	46·2	68·0	—0·1	80·2	40·6	59·7	—1·3	Lucknow.*
111·1	75·3	89·3	+3·8	96·6	70·3	83·5	—0·3	95·4	72·3	83·2	+0·4	93·6	56·3	76·6	+1·0	89·1	44·9	64·7	—0·1	78·0	38·2	56·3	—0·9	Meerut.
112·2	75·3	91·5	+4·1	99·2	71·8	85·7	+0·1	97·7	72·3	85·5	+0·5	95·7	61·4	80·4	+0·4	89·2	50·9	69·4	—0·2	77·7	41·0	59·6	—1·8	Delhi.*
111·0	77·9	92·2	+5·3	99·0	76·4	85·4	+0·4	99·0	73·9	86·8	?	97·0	60·4	79·7	—0·8	89·5	48·9	69·3	—0·9	78·5	41·4	60·5	—2·0?	Agra.*
111·2	76·1	91·4	+6·4	95·2	74·1	83·3	+0·3	95·7	74·1	83·7	—0·1	93·2	63·6	78·6	—2·4?	90·2	53·2	71·5	—0·4	84·7	44·2	64·3	—0·8	Jhansi.*
107·4	73·6	88·4	+4·1	94·4	74·1	81·9	+0·2?	95·4	69·6	83·0	+0·8	94·4	55·7	79·6	+2·0	88·4	46·8	67·4	—0·1?	82·4	37·9	60·8	—0·2?	Ajmer.*
102·4	72·1	83·8	+4·3	89·4	71·1	78·8	+0·6	89·4	69·1	78·5	—0·6	89·4	57·1	75·5	—1·3	84·9	51·1	68·6	1	82·9	42·6	64·0	—0·4	Saugor.*
102·0	72·1	84·1	+3·8	90·4	71·6	79·9	+0·6	89·9	70·6	79·3	—0·9	87·9	52·4	74·9	—0·8	82·4	44·4	64·2	—3·4	81·9	37·4	59·6	—1·9?	Jubbulpore*
114·5	74·0	93·4	—0·4	108·9	73·5	92·7	+1·3	110·4	75·0	91·3	+2·3	103·4	58·4	83·1	+3·1	92·3	45·9	69·0	+0·5	80·3	38·0	58·7	—0·5	Multan.*
117·0	74·0	89·4	+1·1	104·6	70·9	87·7	—1·1	104·4	72·2	86·7	+2·8	102·4	54·1	78·4	+3·9	92·9	42·1	64·3	+1·9	77·6	35·9	54·1	+0·9	Lahore.
117·5	70·9	89·3	—0·3	109·0	70·8	88·8	+1·6	107·0	66·0	84·1	+2·1	95·8	51·7	73·6	+2·7	84·1	38·6	60·3	+1·7	74·6	33·4	49·7	—1·2	Peshawar.
88·9	61·0	71·3	+3·1	77·9	58·1	66·9	+0·1	75·4	57·0	65·6	+0·1	73·0	50·7	60·4	—0·3	65·1	42·8	53·4	—0·6	65·3	35·0	49·9	+0·6	Ranikhet.
83·6	57·3	66·9	+2·3	72·5	56·8	63·1	—0·3	70·5	55·8	62·0	+0·3	72·0	46·8	57·7	+0·9	66·5	37·9	51·0	+0·5	65·5	24·9	47·0	+1·5	Chakrata.
97·3	71·1	81·2	+2·6	88·3	69·1	77·6	+0·5	88·8	67·1	76·8	—1·0	91·3	54·6	75·5	—0·3?	85·3	45·6	65·9	—2·8	84·3	37·6	62·9	—1·5	Indore.*
107·8	73·5	87·3	+3·5	97·8	74·4	83·1	+1·6	100·9	72·5	84·4	+2·5	104·6	59·1	84·6	+3·9	96·3	50·9	72·8	—1·2	93·4	35·5	66·9	—1·3	Deesa.
105·6	76·4	87·9	+3·9	95·2	77·2	84·6	+2·5	106·3	75·7	84·3	+2·7	97·6	66·4	82·0	+2·3	91·6	51·4	74·0	—0·1	88·0	38·5	65·9	—1·1	Kurrachee.
88·0	75·1	80·9	0	87·1	74·1	80·3	+0·4	88·1	73·3	80·7	+1·0	91·5	72·4	81·1	0	90·5	68·3	78·0	—1·1	91·2	56·0	75·0	—1·0	Bombay.
83·3	64·8	70·4	+0·3	81·3	63·9	70·0	+0·5	83·2	63·8	71·5	+1·2	85·3	56·5	71·6	—0·7	84·5	50·0	70·2	—0·6	85·3	59·6	68·9	—0·5	Belgaum.
100·2	71·1	81·3	+1·1	93·1	73·1	81·0	+0·8	93·6	71·6	80·9	+0·6	93·1	58·7	78·7	—0·1	88·6	52·2	71·3	—1·4	88·2	49·2	67·0	+0·2	Nagpur.
96·8	73·2	80·5	0	96·2	71·1	80·5	—0·3	97·0	70·7	80·6	+0·5	94·0	63·2	78·1	—0·7	93·0	55·3	73·5	—1·7	89·0	53·1	71·6	—0·7	Bellary.
87·9	64·6	73·2	+0·9	88·0	64·4	72·9	+0·6	86·1	63·6	72·9	+0·6	85·6	62·4	72·2	+0·2	84·1	52·2	68·6	—1·2	79·8	51·6	66·7	—0·7	Bangalore.
99·1	74·4	84·5	—0·7	100·5	72·9	83·5	—0·5	96·3	71·6	82·0	—1·8	93·9	67·9	80·9	—0·2	89·8	66·0	76·9	—1·2	86·2	65·3	75·1	—0·9	Madras.
88·0	72·5	79·4	+1·1	86·9	72·7	78·1	—0·4	89·3	71·9	79·3	+0·6	90·3	73·9	79·6	—0·2	89·4	71·8	79·1	+1·2	90·0	58·7	73·0	—2·4	Rangoon
88·9	76·3	80·8	+0·8	87·9	75·0	79·3	—0·9	88·9	75·2	80·7	—0·7	90·2	75·7	81·5	+0·2	86·9	68·2	77·7	—0·2	81·2	58·1	70·6	—1·6	Akyab.

stations is the mean of the maximum and minimum temperatures.

TABLE II.—*Monthly and annual RAINFALL and its departure from the average at thirty-four stations of India during 1903.*

STATION.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.		JUNE.		JULY.		AUGUST.		SEPTEMBER.		OCTOBER.		NOVEMBER.		DECEMBER.		TOTAL.	
	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.
	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.
Calcutta (Alipore)	0·21	—0·08	0·64	—0·38	0·77	—0·37	1·71	+0·17	1·53	—4·07	10·70	—0·34	6·35	—5·96	10·17	—2·52	14·02	+3·62	8·02	+4·15	0·02	—0·60	0	—0·31	54·14	—6·69
Narayanganj	0·12	—0·26	3·25	+1·98	2·97	+0·64	0·53	—4·23	3·65	—6·10	20·84	+8·08	6·15	—7·10	15·50	+3·00	14·55	+5·56	4·15	+0·10	2·65	+1·38	0	—0·19	74·37	+2·86
Chittagong	2·50	+2·09	4·98	+3·82	4·94	+2·80	1·31	—3·16	3·97	—5·71	19·56	—3·25	12·85	—10·07	19·11	—0·88	14·28	+1·25	6·55	+0·14	5·27	+3·78	0	—0·58	95·32	—9·77
Sibsagar	0·90	—0·24	2·07	—0·09	4·87	+0·13	12·53	+2·65	9·99	—1·48	30·14	+16·00	14·10	—1·79	26·62	+10·33	8·60	—3·17	7·62	+2·45	2·52	+1·41	0·21	—0·38	120·17	+25·82
Silchar	2·64	+2·00	0·50	—1·82	10·21	+2·28	10·97	—2·59	7·29	—8·43	20·53	+0·14	13·41	—6·57	23·17	+4·48	24·61	+10·66	8·95	+2·55	3·52	+2·21	0	—0·54	125·80	+4·37
Cuttack	0·35	+0·02	1·50	+1·01	0·13	—1·18	0	—1·38	4·08	+0·54	7·44	—3·47	13·04	+0·98	13·50	+1·08	13·73	+3·25	13·04	+7·31	0·33	—1·03	0	—0·34	67·14	+6·79
Hazaribagh	0·53	—0·06	1·06	+0·25	0·16	—0·53	1·10	+0·67	2·71	+0·94	3·40	—5·38	7·40	—6·22	13·18	+0·46	7·62	—0·64	8·68	+5	0	—0·30	0	—0·21	45·84	—5·65
Patna	0·24	—0·48	0	—0·53	0·24	—0·11	0	—0·30	0·17	—1·53	2·30	—5·46	3·74	—7·67	8·49	—2·23	4·74	—3·08	5·37	+2·48	0	—0·20	0	—0·14	25·29	—19·25
Darjeeling	0·13	—0·63	0·58	—0·50	0·37	—1·64	1·35	—2·73	10·01	+2·18	24·85	+0·66	15·50	—16·24	26·89	+0·91	10·33	—8·01	10·65	+5·30	0	+0·24	0	—0·20	100·66	—21·14
Allahabad	0	—0·82	0·06	—0·42	0	—0·38	0·06	—0·08	0·04	—0·25	0·91	—4·18	4·18	—8·06	18·03	+7·15	6·12	—0·20	17·73	+15·33	0	—0·25	0	—0·23	47·13	+7·61
Lucknow	0·58	—0·32	0·01	—0·44	0·03	—0·29	0	—0·11	0·03	—0·88	1·08	—4·16	9·24	—2·15	16·14	+4·82	7·42	+0·81	9·98	+8·65	0	—0·08	0	—0·44	44·61	+5·41
Meerut	0·61	—0·44	0·02	—0·81	0·14	—0·49	0	—0·34	1·03	+0·33	0	—3·60	7·78	—1·59	7·20	—0·44	8·16	+3·61	0·61	+0·18	0	—0·08	0	—0·40	25·55	—4·07
Delhi	0·70	—0·32	0	—0·61	0·15	—0·52	0	—0·35	0·25	—0·46	0·12	—3·06	5·45	—2·92	3·27	—4·17	2·57	—1·85	0·67	+0·28	0	—0·10	0	—0·43	13·19	—14·51
Agra	0·23	—0·32	0·10	—0·23	0·43	+0·18	0	—0·16	0·08	—0·56	0·11	—2·73	4·07	—5·60	10·27	+3·16	1·32	—3·09	7·55	+7·16	0	—0·06	0	—0·29	24·16	—2·54
Jhansi	0·09	—0·51	0·05	—0·25	0·01	—0·32	0·01	—0·12	0·30	—0·01	1·20	—3·80	6·16	—6·53	10·80	—0·12	7·79	+2·13	8·83	+8·18	0	—0·07	0	—0·27	35·24	—1·70
Ajmer	0·08	—0·23	0·18	—0·10	0·18	—0·13	0	—0·13	0·25	—0·33	0·19	—2·22	8·70	+1·88	7·33	—0·04	1·29	—1·80	0·07	—0·22	0	—0·20	0	—0·29	18·28	—3·81
Saugor	0·28	—0·39	0	—0·51	0	—0·22	0	—0·16	2·72	+2·21	1·63	—5·77	9·92	—6·49	9·69	—2·78	16·78	+9·05	3·25	+2·08	0	—0·33	0	—0·55	44·27	—3·86
Jubbulpore	0·32	—0·40	0·03	—0·49	0	—0·48	0	—0·22	2·30	+1·83	3·30	—5·23	12·16	—6·66	19·90	+4·77	9·47	+1·09	7·17	+5·62	0	—0·37	0	—0·25	54·65	—0·80
Multan	0·24	—0·15	0	—0·35	0·40	—0·02	0·09	—0·18	0·53	+0·14	0	—0·43	3·70	+1·51	2·21	+0·55	0·12	—0·48	0	—0·07	0·02	—0·04	0·11	—0·16	7·42	+0·31
Lahore	0·52	—0·35	0·05	—1·08	0·64	—0·25	0·02	—0·49	0·82	+0·02	0·33	—1·53	4·36	—2·29	5·31	+0·43	2·25	+0·15	0·10	—0·33	0	—0·11	0·31	—0·16	14·71	—5·99
Peshawar	1·41	—0·13	0	—1·31	3·72	+1·84	1·04	—0·73	2·10	+1·43	0·13	—0·14	0·45	—1·22	1·00	—1·17	1·13	+0·46	0	—0·18	0·08	—0·50	1·03	+0·48	12·09	—1·17
Ranikhet	2·11	—0·41	0·50	—1·77	1·73	—0·07	0·43	—0·83	1·07	—1·31	1·97	—4·33	8·95	—4·52	12·59	—0·80	5·22	—1·51	2·35	+1·08	0	—0·28	0·45	—0·44	37·37	—15·19
Chakrata	4·12	+0·91	0·52	—3·06	3·51	+0·87	0·44	—1·08	2·96	+0·43	2·37	—5·96	22·87	+3·58	28·25	+10·33	9·27	+2·97	0·16	—0·60	0	—0·34	2·44	+1·14	76·91	+9·19
Indore	0·02	—0·23	0	—0·24	0	—0·05	0	—0·17	0·49	+0·02	5·83	—0·50	18·40	+8·64	8·43	+0·68	12·29	+4·83	0·44	—0·65	0	—0·24	0	—0·18	45·90	+11·91
Deesa	0·02	—0·12	0·03	—0·11	0·04	—0·04	0	—0·05	0·10	—0·09	0·02	—2·26	12·39	+3·07	3·61	—4·16	3·31	—0·23	0	—0·58	0	—0·14	0	—0·05	19·52	—4·76
Kurrachee	0·35	—0·31	0	—0·30	0·55	+0·39	0	—0·13	0	—0·03	0·05	—0·42	3·51	+0·45	0	—1·73	0·12	—0·52	0	—0·04	0	—0·16	0	—0·19	4·58	—2·99
Bombay	0	—0·12	0	—0·02	0·17	+0·16	0	—0·05	7·79	+7·24	18·64	—1·92	24·20	—0·36	18·76	+3·85	9·02	—1·91	5·91	+4·15	0	—0·47	0	—0·05	84·49	+10·50
Belgaum	0	—0·06	0	—0·03	0	—0·49	0·56	—1·49	3·89	+1·16	5·68	—3·64	21·70	+6·33	5·12	—4·03	2·69	—1·35	2·33	—2·76	0·63	—0·70	0·17	—0·07	42·77	—7·14
Nagpur	0·01	—0·57	0·13	—0·29	0	—0·57	0·06	—0·40	2·09	+1·41	7·01	—1·43	23·49	+10·00	14·50	+4·71	5·05	—3·06	4·32	+2·18	0	—0·51	0	—0·43	56·65	+11·04
Bellary	0	—0·10	0	—0·03	0	—0·42	0	—0·83	1·49	—0·44	2·84	+1·00	2·80	+1·39	2·41	+0·23	4·60	+0·48	5·98	+1·94	8·76	+7·56	0·18	—0·02	29·06	+10·76
Bangalore	0	—0·06	0	—0·22	0	—0·72	0·06	—1·13	2·51	—2·02	4·30	+1·17	1·10	—3·03	7·47	+1·47	18·71	+11·60	6·74	0	9·20	+6·59	1·16	+0·77	51·25	+14·42
Madras	4·53	+3·70	2·17	+1·89	0	—0·37	0	—0·65	5·32	+3·36	1·46	—0·60	3·80	0	6·44	+1·78	9·66	+4·82	8·84	—2·09	17·74	+4·44	18·55	+13·30	78·51	+29·58
Rangoon	0	—0·11	0	—0·23	0	—0·16	0	—1·74	4·11	—7·62	21·05	+2·75	16·82	—4·55	22·27	+2·62	14·29	—1·60	10·58	+3·46	0·07	—2·45	0	—0·07	89·19	—9·70
Akyab	0	—0·12	0·08	—0·09	0	—0·53	1·03	—0·53	9·83	—2·41	45·81	—3·69	46·15	—5·66	75·90	+36·40	30·74	+7·69	13·63	+2·24	9·41	+6·14	0	—0·44	232·58	+39·00

A.—COMMANDS.	Years.	Average strength.*	RATIO PER MILLE OF STRENGTH.											
							DEATHS FROM							
			Admissions into hospital.	Constantly sick.	Deaths.	Invalids	Cholera.	Small-pox.	Enteric fever.	Heat-stroke.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Abscess of the liver.
Bengal Command	1896-1900	20,573	1,364	92	17·78	36	1·17	·04	7·56	·93	·71	·41	1·08	1·93
	1902	17,765	1,063	71	15·31	36	·17	·11	4·00	·84	·73	·73	·96	2·98
	1903	21,860	977	63	15·46	30	1·10	·23	4·39	·87	·27	·73	·73	2·20
Punjab Command	1896-1900	17,809	1,297	77	18·09	28	·39	·07	8·63	1·12	·57	1·08	·82	·99
	1902	15,636	1,050	61	14·07	35	...	...	5·05	1·02	·64	1·53	·70	1·15
	1903	17,997	1,007	57	12·56	25	1·72	·11	4·39	·67	·11	·33	·44	·83
Madras Command	1896-1900	8,367	1,263	91	12·26	44	·72	·05	4·83	·45	·41	·22	·76	1·15
	1902	8,422	1,009	66	7·96	36	...	·24	2·02	·47	...	·36	...	1·07
	1903	9,375	1,071	73	7·79	34	...	...	2·77	·21	...	·11	·53	·96
Burma District	1896-1900	3,844	1,392	93	9·47	36	·10	...	1·56	·36	·42	·16	·73	1·30
	1902	2,675	1,317	81	11 96	54	...	...	·75	·37	...	...	·75	1·50
	1903	3,616	1,172	73	13·00	30	·28	...	3·04	...	·28	·83	2·21	1·38
Bombay Command	1896-1900	15,140	1,338	82	15·13	29	·78	·08	6·79	·41	·58	·46	·61	1·24
	1902	14,404	1,125	67	19·58	43	...	...	5·69	·69	·90	1·18	·83	1·94
	1903	15,990	1,115	65	12·32	33	·06	·06	4·63	1 25	·50	·50	·25	·88
India	1896-1900	66,974	1,339	86	17·08	33	·73	·05	7·13	·79	·58	·59	1·10	1·36
	1902	60,540	1,078	66	14·68	37	·05	·07	4·29	·76	·59	·97	·69	1·85
	1903	70,445	1,033	63	13·05	29	·81	·11	4·19	·77	·24	·57	·70	1·29
	1891-1900	68,224	1,399	87	16·21	29	1·06	·05	6·46	1·78	·55	·60	·87	1·24

* The quinquennial and decennial ratios are, of course, worked on the total strength of the five year and ten year periods respectively.

B.—GROUPS.	Years.	Average strength.†	RATIO PER MILLE OF STRENGTH.											
					ADMISSIONS FROM									
			Admissions.	Constantly sick.	Influenza.	Cholera.	Small-pox.	Enteric fever.	Intermittent fever.	Remittent fever.	Simple continued fever.	Pneumonia.	Dysentery.	Venereal diseases.
Group I.—Burma Coast and Bay Islands.	1891-1900	1,269	1,337	93	35·4	·1	·2	8·4	148·9	5·4	86·5	2·1	56·2	496·2
	1902	1,044	1,147	66	3·8	...	...	3·8	151·3	7·7	32·6	...	42·1	431·0
	1903	975	1,668	103	3·1	...	...	9·2	261·5	31·8	13·3	1·0	65·6	517·9
,, II.—Burma Inland ...	1891-1900	2,572	1,516	95	6·9	·4	·1	4·7	357·7	21·7	48·6	1·8	31·9	481·3
	1902	1,631	1,426	91	3·7	...	·6	4·3	528·5	1·8	5·5	1·2	22·1	281·4
	1903	2,408	1,005	65	1·7	·4	...	7·5	171·9	2·5	17·9	1·7	9·1	290·3
,, IV.—Bengal and Orissa ...	1891-1900	2,263	1,501	89	5·0	·7	...	11·1	425·4	30·8	19·8	2·2	63·0	447·1
	1902	1,809	1,234	70	5·0	·6	...	9·4	259·8	54·7	·6	2·8	74·6	413·5
	1903	1,912	1,226	76	23·0	4·2	·5	4·2	208·2	6·8	16·2	5·2	32·9	404·3
,, V.—Gangetic Plain and Chutia Nagpur.	1891-1900	6,993	1,424	100	9·0	6·1	·6	30·2	233·2	9·1	47·4	2·1	31·3	539·5
	1902	5,454	1,076	75	·9	·4	·6	19·6	230·8	3·5	12·8	2·4	20·4	287·5
	1903	6,831	947	67	1·8	·6	4·4	25·9	147·6	2·2	46·1	2·8	18·0	236·7
,, VI.—Upper Sub-Himalaya	1891-1900	13,325	1,497	90	3·6	1·2	·5	27·0	438·7	10·7	32·3	5·6	22·9	428·7
	1902	11,281	1,086	71	·5	...	·6	21·7	302·3	7·5	14·7	9·0	15·3	243·6
	1903	13,261	1,044	63	1·0	2·6	·5	27·5	319·8	3·1	16·2	6·1	14·7	198·2
,, VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana.	1891-1900	4,741	1,654	86	3·7	1·2	·4	19·5	692·0	45·7	29·4	7·0	19·7	316·3
	1902	4,260	1,150	59	...	...	·7	10·6	385·9	8·0	5·6	5·9	14·6	243·2
	1903	4,742	1,098	57	...	1·1	1·7	14·6	403·4	11·2	40·3	4·0	8·0	172·9
,, VIII.—South-Eastern Rajputana, Central India, and Gujarat.	1891-1900	6,330	1,614	99	5·5	1·7	·9	32·2	443·3	10·3	41·1	2·5	22·4	504·4
	1902	4,320	1,340	81	1·2	...	·2	18·3	437·5	4·2	20·8	3·7	16·2	346·8
	1903	6,097	1,315	73	·2	...	·8	41·3	441·0	4·8	13·8	5·4	21·5	252·6
,, IX.—Deccan	1891-1900	9,524	1,271	91	10·8	1·2	1·6	21·5	247·5	8·0	31·8	2·2	30·4	484·1
	1902	8,594	1,144	71	1·5	...	·3	18·5	236·7	3·6	15·4	2·3	18·3	371·5
	1903	10,262	1,090	66	3·0	...	·2	17·5	217·3	4·2	12·8	3·0	13·4	344·4
,, X.—Western Coast ...	1891-1900	1,513	1,191	77	·8	·1	·2	7·3	149·6	7·4	74·0	1·7	16·7	426·8
	1902	1,593	742	56	1·3	...	...	5·0	105·5	7·5	7·5	6·9	9·4	260·5
	1903	1,672	900	61	·6	...	1·8	2·4	126·8	1·2	3·6	5·4	9·6	325·4
,, XI.—Southern India ...	1891-1900	3,371	1,254	83	9·0	·4	·7	16·9	143·3	9·1	54·6	2·5	33·2	458·7
	1902	3,495	954	53	4·0	...	·6	9·4	114·4	2·9	12·0	4·0	13·7	348·2
	1903	3,573	1,093	74	8·7	...	...	16·0	95·4	·3	17·6	3·9	15·1	340·3
,, XII*a*.—Hill Stations ...	1891-1900	8,389	1,156	76	6·8	·8	...	33·8	233·1	8·9	19·7	5·1	18·3	355·0
	1902	8,324	873	57	4·1	...	·4	20·8	107·8	5·4	18·9	6·4	17·7	205·9
	1903	9,921	744	49	4·9	2·6	·2	13·5	109·7	1·8	14·8	4·3	11·0	169·0
,, XII*b*.—Hill Convalescent Depôts and Sanitaria.	1891-1900	3,376	1,250	85	7·2	·9	·1	15·8	275·7	9·7	13·0	3·7	23·8	351·3
	1902	3,229	1,152	76	2·5	...	...	19·5	228·6	8·7	6·8	6·2	26·0	206·9
	1903	3,673	1,027	69	·8	·8	...	12·3	185·7	4·9	7·9	3·3	19·3	253·5
India	1891-1900	68,224	1,399	87	6·8	1·5	·4	24·2	346·1	14·6	35·4	3·8	29·6	431·0
	1902	60,540	1,078	66	1·8	0·5	·4	16·7	247·1	6·7	14·0	5·9	20·4	281·4
	1903	70,445	1,033	63	3·1	1·1	1·0	19·6	242·6	4·0	18·5	4·6	16·9	247·0

† The decennial ratios are, of course, worked on the total strength of the ten year period.

C.—Admission and death rates from enteric fever in stations of over 1,000 strength.

Stations.	1903.		Decennium 1891-1900.		Stations.	1903.		Decennium 1891-1900.	
	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.		Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.
Meerut ...	50·4	11·59	34·8	10·45	Bangalore ...	18·7	4·10	22·0	4·24
Umballa ...	49·4	9·70	33·1	9·07	Quetta ...	17·2	2·45	33·0	7·60
Mhow ...	48·0	7·69	30·9	7·52	Secunderabad ...	10·4	2·59	23·2	5·52
Lucknow ...	37·7	4·81	40·0	10·09	Wellington ...	9·2	...	9·1	2·48
Peshawar ...	33·8	9·85	37·7	13·77	Bareilly ...	8·8	·80	27·2	6·18
Sialkot ...	32·6	10·04	21·5	5·24	Chakrata ...	4·7	·95	36·8	6·08
Poona ...	31·4	8·07	18·9	5·71	Belgam ...	3·6	1·82	3·9	1·43
Ranikhet ...	27·3	3·31	30·9	5·16	Kurrachee ...	2·6	·87	7·4	1·77
Rawalpindi ...	23·0	4·69	29·2	7·74	Fort William ...	2·3	...	5·5	1·65
Agra ...	19·9	5·43	46·3	12·37	Colaba ...	1·5	1·50	4·6	1·80

Period.	D.—OFFICERS.				E.—WOMEN.				F.—CHILDREN.			
	Average annual strength*.	Admission-rate per 1,000.	Constantly sick-rate per 1,000.	Death-rate per 1,000.	Average annual strength.*	Admission-rate per 1,000.	Constantly sick-rate per 1,000.	Death-rate per 1,000.	Average annual strength.*	Admission-rate per 1,000.	Constantly sick-rate per 1,000.	Death-rate per 1,000.
1891-1900	2,026	858·9	†30·1	15·94	3,130	799·6	35·5	16·13	5,669	587·3	26·1	44·86
1902	1,931	818·2	29·9	16·05	2,555	799·6	36·2	14·87	4,709	595·0	2.64	45·23
1903	2,190	813·2	29·7	13·24	2,891	758·9	35·9	14·18	4,677	494·5	20·9	36·99

* The decennial ratios are, of course, worked on the total strength of the ten year period.

† For two years only.

Appendix to Section III.—Native Troops.

G.—ENTERIC FEVER.	1891-1900.		1903.	
	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.
European troops	24·2	6·46	19·6	4·19
Native troops	·3	·09	·6	·22
Gurkhas only	1·4	·38	3·4	1·20
Prisoners	·3	·12	·4	·25

—	H.—TUBERCLE OF THE LUNGS, 1903.		I.—VENEREAL, 1903.
	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.
Bengal and Punjab Commands	8·6	·90	19·3
Gurkha Regiments	28·9	2·88	38·7

—	J.—INFLUENZA.				K.—PNEUMONIA.			
	1891-1900.		1903.		1891-1900.		1903.	
	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.
European troops ...	6·8	·03	3·1	...	3·8	·60	4·6	·57
Native troops ...	8·1	·12	3·6	·01	14·4	3·24	14·4	3·06
Prisoners ...	23·8	·38	9·6	·13	16·2	4·27	13·6	3·62

L.—COMMANDS.	Years.	Average strength.*	RATIO PER MILLE OF STRENGTH.											
			Admission into hospital.	Constantly sick.	Deaths from									Mortality including absent deaths.
					Cholera.	Small-pox.	Enteric fever.	Remittent fever.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Abscess of the liver.	All causes.	
Bengal Command … …	1896-1900	26,631	767	31	1·04	·04	·17	·86	1·10	2·07	.49	·04	9·65	14·56
	1902	26,652	629	25	·19	…	·15	1·09	·86	1·61	·34	·11	8·03	13·09
	1903	29,338	615	22	·37	…	·55	·85	·82	1·57	·31	·03	8·21	11·76
Punjab Command … …	1896-1900	40,606	819	30	1·05	·04	·10	1·58	·96	5·46	·41	·04	13·63	18·51
	1902	43,486	746	27	…	…	·16	1·31	1·17	5·70	·32	·02	12·76	17·43
	1903	40,582	692	26	·99	…	·17	1·13	·96	4·41	·15	…	10·60	15·43
Madras Command … …	1896-1900	110,937	570	25	1·63	·05	·04	·73	·29	1·99	·23	·05	9·47	11·63
	1902	18,359	567	24	·33	·05	…	1·03	·38	2·72	·38	·05	13·89	16·94
	1903	18,679	484	21	·48	·05	·11	·37	·21	1·93	·27	…	7·33	19·92
Burma District … … …	1896-1900	36,541	880	37	·11	…	…	·90	·44	·77	·60	·05	8·54	13·98
	1902	5,862	937	30	…	…	…	·68	·17	·51	·34	…	6·14	11·26
	1903	6,502	730	25	·77	…	·15	·62	·46	·15	·31	…	7·54	14·30
Bombay Command … …	1896-1900	26,096	837	29	·92	·06	·06	1·10	·41	3·13	·62	·11	11·27	14·19
	1902	24,371	856	30	…	·04	·04	1·19	·70	4·39	·57	·12	11·65	13·87
	1903	25,471	757	29	·59	…	…	·90	·47	4·20	·39	·04	13·47	9·46
India … … …	1896-1900	127,223	781	30	1·03	·04	·09	1·14	·71	3·36	·51	·06	11·81	15·69
	1902	124,231	718	27	·12	·02	·10	1·14	·80	3·71	·39	·06	11·16	15·01
	1903	127,666	852	32	1·11	·03	·09	1·25	·61	3·24	·59	·06	12·22	16·62
	1891-1900	124,660	662	25	·64	·02	·22	·88	·68	3·06	·30	·02	10·04	13·97

* The quinquennial and decennial ratios are, of course, worked on the total strength of the five year and ten year periods respectively.

M.—GROUPS.	Years.	Average strength.†	RATIO PER MILLE OF STRENGTH.											
			Admissions.	Constantly sick.	Admissions from									
					Influenza.	Cholera.	Small-pox.	Enteric fever.	Intermittent fever.	Remittent fever.	Simple continued fever.	Pneumonia.	Dysentery.	Venereal diseases.
Group I.—Burma Coast and Bay Islands.	1891-1900	1,891	794	37	2·7	·1	·2	…	195·2	6·6	4·3	5·0	66·4	55·5
	1902	1,362	1,043	26	2·2	…	…	·7	254·8	6·6	14·7	2·2	76·4	77·8
	1903	1,254	806	24	1·6	…	·8	…	354·9	4·0	5 6	2·4	63·8	47·0
„ II.—Burma Inland …	1891-1900	6,083	1,165	50	2·9	1·7	·1	·1	576·6	10·2	7·2	4·7	71·5	47·8
	1902	3,659	983	33	…	·3	…	…	422·0	2·7	…	1·9	53 0	23·0
	1903	4,133	771	27	…	1·0	…	·2	383·3	7·7	5·3	2·9	32·4	22·0
„ III.—Assam … …	1891-1900	2,003	1,209	51	9·2	3·0	·4	3·8	512·1	16·5	6·6	9·4	100·0	71·2
	1902	1,427	651	32	…	1·4	…	1·4	270·5	15·4	…	2·8	77·1	28·0
	1903	1,340	827	33	1·5	…	…	5·2	301·5	18·7	·7	8·2	85·1	31·3
„ IV.—Bengal and Orissa …	1891-1900	2,935	1,120	44	4·7	·4	·3	·2	511·2	15·0	6·7	5·9	86·1	35·6
	1902	2,280	824	34	2·6	…	·4	…	382·0	12·7	…	3·5	72·8	52·2
	1903	2,474	759	26	…	…	·8	…	337·9	6·9	·4	6·5	59·4	36·0
„ V.—Gangetic Plain and Chutia Nagpur.	1891-1900	6,463	668	28	7·8	1·6	·3	·3	215·4	12·5	2·8	7·6	42·3	33·7
	1902	6,136	516	21	…	1·0	1·0	·5	140·8	9·0	…	8·0	37 8	23·3
	1903	6,857	490	21	1·3	1·9	1·8	·3	112·4	3·6	…	6·3	36·8	16·8
„ VI.—Upper Sub-Himalaya …	1891-1900	15,166	732	29	2·9	1·0	·6	·2	280·8	17·9	3·1	15·0	29·8	33·7
	1902	14,978	636	23	·5	·1	·9	·3	227·3	14·1	2·1	20·1	28·9	25·0
	1903	15,987	575	21	2·1	2·4	·9	1·1	219·6	12·3	2·6	15·1	25·3	17·1
„ VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana.	1891-1900	15,459	1,102	36	8·9	2·3	·6	·2	507·5	22·2	10·3	29·4	56·5	22·5
	1902	16,472	901	32	3·9	…	1·2	·4	374·1	19·0	3·3	21·7	58·9	22·5
	1903	17,283	788	28	·2	·5	·8	·4	328·9	12·3	1·0	22·6	42·7	17·8
„ VIII.—South-Eastern Rajputana, Central India and Gujarat.	1891-1900	12,679	814	27	6·0	1·6	·7	·1	337·5	11·3	12·3	13·1	29·9	41·5
	1902	10,754	898	33	1·0	…	·6	·3	424·1	13·4	9·0	15·3	28·8	63·2
	1903	12,202	829	29	1·5	…	·7	·5	378·1	7·2	5·5	19·8	23·5	33·3
„ IX.—Deccan … …	1891-1900	19,504	736	27	7·0	1·9	1·3	·1	292·6	11·2	11·6	9·3	31·3	43·0
	1902	15,978	631	24	·8	…	·4	…	242·2	5·9	6·0	6·8	29·3	45·8
	1903	16,596	576	21	4·4	…	·2	·1	174·3	3·9	1·8	6·6	20·9	34·1
„ X.—Western Coast …	1891-1900	3,055	714	29	2·2	·3	·5	·4	159·9	14·9	26·8	6·7	60·5	53·3
	1902	1,670	701	27	…	…	1·2	…	219·8	7·2	3·6	10·8	37·7	53·3
	1903	2,047	701	33	…	…	5·4	…	209·6	2·0	…	8·3	41·0	46·4
„ XI.—Southern India …	1891-1900	8,244	565	29	3·5	2·5	·6	·1	132·0	3·6	21·7	7·9	20·1	43·2
	1902	6,270	728	32	·6	1·4	1·6	·2	227·6	3·5	9·1	13·1	24·2	50·1
	1903	7,170	591	28	…	·3	·1	·1	113·9	2·0	30·5	12·8	29·4	40·0
„ XII.—Hill Stations … …	1891-1900	17,027	1,075	40	21·3	1·0	·3	·6	470·0	24·6	8·4	20·5	53·3	49·6
	1902	20,950	822	32	3·5	…	·5	1·3	328·7	18·5	3·2	20·5	56·3	31·9
	1903	21,676	760	34	14·1	·7	·4	1·5	272·1	10·1	·4	20·7	41·8	25·1
India … … …	1891-1900	127,666	852	32	8·1	1·8	·5	·3	348·8	15·2	9·1	14·4	48·8	37·2
	1902	124,231	718	27	2·1	·2	·6	·4	274·5	11·9	5·1	15·3	46·0	32·8
	1903	124,660	662	25	3·6	1·1	·6	·6	247·4	8·6	3·5	14·4	36·6	24·5

† The decennial ratios are, of course, worked on the total strength of the ten year period.

N.—Administrations.	Years.	Average strength. ‡	RATIO PER MILLE OF STRENGTH.*											
			Admissions.	Constantly sick.	Deaths from									
					Cholera.	Small-pox.	Remittent fever.	Tubercle of the lungs.	Pneumonia.	Other respiratory diseases.	Dysentery.	Diarrhœa.	Anæmia and debility.	All causes.
Andamans	1896-1900	10,975	1,689	51	...	...	3·17	5·50	2·48	1·02	10·04	2·26	2·00	32·31
	1902	12,907	1,797	56	...	...	3·80	9·61	4·34	1·78	13·87	1·85	...	42·07
	1903	13,037	1,880	67	...	...	1·38	8·51	5·06	1·23	7·44	2·07	...	34·21
Burma	1896-1900	13,127	626	30	2·00	·14	·44	3·84	2·04	·43	4·27	·90	·46	20·54
	1902	11,525	537	25	...	...	·43	3·82	1·65	·87	2·95	·43	·26	15·88
	1903	11,187	474	21	·63	...	·27	3·22	2·15	·36	3·22	·89	·54	17·07
Assam	1896-1900	1,284	961	49	4·67	...	2·65	1·40	2·65	1·71	8·88	4·05	3·58	44·24
	1902	1,220	762	40	·82	...	2·46	2·46	3·28	...	7·38	...	3·28	31·97
	1903	1,134	737	34	2·65	...	...	1·76	·88	...	13·23	2·65	4·41	31·75
Bengal	1896-1900	18,121	1,067	37	2·40	·03	·96	3·77	3·60	·91	7·76	1·57	·96	30·11
	1902	20,580	1,034	41	·53	·05	·39	3·50	3·06	·53	6·12	1·55	·92	25·61
	1903	18,419	1,046	40	1·09	·05	·27	4·40	3·31	·43	5·05	1·35	·43	23·62
United Provinces of Agra and Oudh ...	1896-1900	32,128	883	45	·47	·07	·47	2·71	4·86	1·00	6·09	2·04	2·66	27·86
	1902	27,751	735	35	·32	·04	·14	3·35	2·20	·76	4·94	1·77	·07	20·47
	1903	23,141	701	34	·56	·09	·04	2·59	2·46	·65	2·85	·48	·13	15·56
Punjab	1896-1900	12,081	1,253	33	·22	·10	·55	2·83	4·87	·74	3·24	·96	·36	19·83
	1902	12,782	1,136	35	...	·22	·70	4·46	5·71	·55	2·74	1·17	·86	25·04
	1903	12,163	938	30	·25	·16	·41	3·12	4·69	1·23	2·22	·41	·25	19·16
North-West Frontier Province ...	1896-1900	1,178	1,225	41	...	...	1·87	·68	4·24	1·02	2·21	1·87	...	19·35
	1902	1,290	975	32	...	...	...	2·33	7·75	...	5·43	·78	...	29·46
	1903	1,287	1,087	33	...	...	...	...	3 89	...	1·55	·78	1·55	15·54
Bombay	1896-1900	8,759	773	29	3·27	·09	2·44	2·74	6·12	1·35	3·27	3·04	1·46	33·72
	1902	9,898	648	31	...	...	·91	3·44	5·76	1·72	1·62	2·63	1·01	28·89
	1903	7,800	515	24	...	·13	·38	3·20	8·20	1·67	1·92	1·03	·38	26·41
Central Provinces (*a*)	1896-1900	7,142	975	39	3·19	·20	1·04	3·58	5·29	2·10	25·65	8·32	4·68	66·18
	1902	5,222	930	29	...	...	·19	3·06	3·26	·96	4·02	2·30	·77	23·55
	1903	4,075	816	27	...	...	...	2·45	1·47	1·23	2·94	·98	1·47	18·16
Madras	1896-1900	8,870	646	27	5·30	·11	·14	3·56	2·37	·54	4·10	·05	·34	28·30
	1902	10,382	469	22	·29	·10	·10	3·85	2·02	·10	1·83	·10	·58	18 49
	1903	8,853	426	20	1·24	...	·23	3·16	2·82	·34	1·92	·11	·34	19·20
India †	1896-1900	114,293	981	33	1·68	·08	1·03	3·35	4·02	·94	7·04	2·10	1·67	29·97
	1902	114,334	913	35	·21	·05	·78	4·25	3 38	·85	5·13	1·44	·52	24·85
	1903	101,717	889	35	·56	·06	·36	3·85	3·62	·78	3·73	·93	·38	21·38
	1891-1900	108,606	1,024	39	1·99	·08	1·20	2·98	4·27	1·09	6·81	2·18	1·78	30·29

* Excluding subsidiary Jails. † Including Ajmer, Quetta, Mercara and Secunderabad. (*a*) Including Berar.

O.—Groups.	Years.	Average strength. ‡	RATIO PER MILLE OF STRENGTH.*										
			Admissions.	Constantly sick.	Admissions from								
					Influenza.	Cholera.	Small-pox.	Enteric fever.	Intermittent fever.	Remittent fever.	Simple continued fever.	Pneumonia.	Dysentery.
Group I.—Burma Coast and Bay Islands ...	1896-1900	19,571	1,257	44	9·6	1·5	·2	·1	551·2	12·5	27·0	5·8	97·7
	1902	20,655	1,339	45	1·3	·1	...	·2	732·3	8·9	1·1	9·9	120·7
	1903	20,651	1,361	50	7·2	·7	...	·2	740·9	3·8	7·7	11·0	97·1
,, II.—Burma Inland	1896-1900	4,530	479	23	3·9	2·8	·4	·3	127·0	7·4	6·6	9·0	62·6
	1902	3,777	456	23	10·6	...	·3	·5	112·3	3·4	·5	13·0	49·0
	1903	3,573	481	21	7·3	·3	...	1·1	116·7	4·2	5·0	10·4	76·7
,, III.—Assam	1896-1900	1,432	933	49	4·0	7·2	...	...	327·8	11·4	1·1	8·2	187 8
	1902	1,179	772	41	...	·8	...	...	327·4	5·9	...	7·6	164·5
	1903	1,098	751	35	30·1	3·6	5·5	...	201·3	2·7	...	5·5	264·1
,, IV.—Bengal and Orissa	1896-1900	11,200	1,092	39	38·8	2·5	·1	·1	240·7	11·0	92·0	18·6	278·7
	1902	12,810	1,014	40	23 7	·5	1·2	·5	301·6	2·0	1·1	11·7	244·1
	1903	11,716	976	40	20·8	2·3	·2	·3	257·0	2·6	7·0	11·6	235·0
,, V.—Gangetic Plain and Chutia Nagpur	1896-1900	28,575	914	43	28·1	2·6	1·3	·2	282·1	8·7	13·4	15·4	90·5
	1902	25,830	789	36	12·7	·8	·3	·8	272·2	1·5	2·5	9·8	89 5
	1903	21,389	793	33	2·8	·2	·9	·3	297·0	1·4	1·5	11·6	76·1
,, VI.—Upper Sub-Himalaya ...	1896-1900	14,581	1,145	36	31·6	·6	·5	·1	511·9	4·8	6·5	25·9	76·8
	1902	14,253	1,088	35	6·0	...	·3	1·1	492·9	2·1	2·5	19·5	61·3
	1903	12,434	917	30	10·6	·2	·8	·5	406·1	1·0	4·0	18·7	60·6
,, VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana.	1896-1900	7,288	974	31	8·3	...	1·0	·2	403·1	7·2	1·2	26·9	55·3
	1902	7,718	790	29	...	...	1·4	·4	306 2	1·0	2·7	34·1	52·1
	1903	8,103	776	30	5·6	1·2	2·0	·1	305·9	1·1	·4	28·5	36·5
,, VIII.—South-Eastern Rajputana, Central India, and Gujarat.	1896-1900	5,298	748	43	12·1	·5	1·2	...	254·9	1·6	1·1	31·6	65·1
	1902	5,562	826	42	·2	...	·2	...	312·5	1·6	·7	16·9	46·6
	1903	4,261	784	40	1·4	2·8	·2	...	304·4	·2	...	17·1	45·8
,, IX.—Deccan	1896-1900	10,770	968	38	13·0	4·9	1·2	·4	288·4	4·3	5·7	14·9	99·1
	1902	9,561	867	33	13·3	...	...	·4	298·2	16·9	4·8	8 8	61·2
	1903	7,440	670	26	38·0	...	·1	·1	208 7	1·5	5·5	11·2	41·5
,, X.—Western Coast	1896-1900	2,607	677	30	1·8	13·8	1·5	1·8	139·4	33·9	18·7	7·7	75·8
	1902	3,009	427	22	...	·3	·3	3·3	122·6	1·3	1·0	7·0	34·9
	1903	2,597	553	26	...	...	1·5	3·1	160·2	3·5	·8	10·4	30·0
,, XI.—Southern India	1896-1900	7,948	657	27	5·7	14·1	·5	·5	111·4	·8	65·3	8·3	64·2
	1902	9,319	485	22	...	·4	·5	·1	111·7	1·1	23·0	9·7	45·8
	1903	7,865	439	20	...	2·7	...	·8	89·0	1·3	18·3	9·5	49·7
,, XII.—Hills	1896-1900	642	1,015	31	11·5	4·7	5·3	·6	305·2	8·1	49·9	21·2	100·4
	1902	614	785	26	...	...	...	3·3	265·5	6·5	21·2	22·8	89·6
	1903	559	936	27	...	...	5·4	7·2	334·5	3·6	16·1	16·1	100·2
India†	1896-1900	114,293	981	38	19·5	3·2	·8	·2	339·8	8·2	24·0	15·9	103·6
	1902	114,334	913	35	18·0	·3	·4	·6	370·7	4·3	3·8	13·2	96·4
	1903	101,717	889	35	9·6	1·0	·6	·4	363·6	2·1	5·3	13·6	88·8

* Excluding subsidiary Jails. †Including Aden. ‡ The quinquennial and decennial ratios are, of course, worked on the total strength of the five year and ten year periods respectively.

P.—Causes of admission.	Years.	January.	February.	March.	April.	May	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Influenza	1899	60	230	460	363	280	23	17	13	31	48	49	48	1,622
	1900	79	140	147	249	538	107	282	192	56	48	123	98	2,059
	1901	56	137	383	1,247	677	145	44	45	35	51	83	76	2,979
	1902	65	72	135	116	188	115	30	90	39	28	10	24	912
	1903	70	45	30	261	109	42	15	94	61	132	75	43	977
Total ...	1899-1903	330	624	1,155	2,235	1,792	432	388	434	222	307	340	289	8,549
Cholera	1899	...	3	1	8	25	19	6	4	2	29	2	2	101
	1900	8	8	16	24	68	62	138	113	43	4	18	3	505
	1901	46	...	2	2	17	6	43	38	35	5	3	14	211
	1902	1	...	3	2	1	2	2	3	14	...	6	2	36
	1903	1	...	2	14	10	13	7	25	16	3	2	4	97
Total ...	1899-1903	56	11	24	50	121	102	196	183	110	41	31	25	21
Enteric Fever	1899	1	2	1	...	...	3	5	3	...	6	...	...	21
	1900	1	...	2	1	...	4	7	3	6	5	5	...	34
	1901	3	...	4	5	7	5	6	4	4	2	1	...	41
	1902	3	1	7	6	4	7	11	10	11	8	...	1	69
	1903	4	1	8	2	3	6	7	4	4	1	2	3	45
Total ...	1899-1903	12	4	22	14	14	25	36	24	25	22	8	4	210
Intermittent Fever	1899	2,436	2,051	2,933	3,040	3,298	3,540	4,172	4,184	3,494	3,278	3,014	2,336	37,776
	1900	1,980	2,145	2,407	3,039	2,714	3,378	3,711	4,089	4,599	6,238	5,160	4,134	43,594
	1901	3,235	2,477	3,292	3,510	3,713	4,056	3,519	3,771	4,441	4,822	4,220	3,164	44,220
	1902	2,465	2,071	2,428	3,065	3,547	4,112	4,146	4,222	4,362	4,641	4,223	3,099	42,381
	1903	1,849	1,650	2,351	2,884	2,743	3,603	4,056	3,196	3,683	4,658	3,599	2,713	36,985
Total ...	1899-1903	11,965	10,394	13,411	15,538	16,015	18,689	19,604	19,462	20,579	23,637	20,216	15,446	204,956
Remittent Fever	1899	37	27	37	33	81	114	91	87	77	70	41	39	734
	1900	45	41	55	66	71	62	77	133	57	44	47	32	730
	1901	24	25	45	48	62	53	44	40	55	64	58	37	555
	1902	32	32	31	31	56	49	31	85	72	31	24	20	494
	1903	17	9	22	15	24	24	19	12	17	19	11	20	209
Total ...	1899-1903	155	134	190	193	294	302	262	357	278	228	181	148	2,722
Simple continued Fever	1899	176	124	112	107	109	140	180	205	171	255	384	300	2,263
	1900	147	115	145	217	343	200	300	435	445	324	228	187	3,086
	1901	167	130	184	114	146	162	100	56	53	54	72	41	1,279
	1902	38	44	39	41	58	34	31	19	31	44	37	24	440
	1903	16	17	21	23	52	29	76	68	72	62	63	41	540
Total ...	1899-1903	544	430	501	502	708	565	687	783	772	739	784	593	7,608
Pneumonia	1899	213	163	152	141	109	96	92	90	86	131	148	164	1,585
	1900	221	204	217	145	140	119	116	92	94	105	144	178	1,775
	1901	155	138	178	129	136	82	86	89	99	143	156	269	1,660
	1902	224	185	179	92	108	107	84	91	70	88	145	137	1,510
	1903	174	128	143	122	89	86	84	68	75	99	141	176	1,385
Total ...	1899-1903	987	818	869	629	582	490	462	430	424	566	734	924	7,915
Dysentery	1899	663	560	642	726	933	947	1,297	1,312	1,040	912	915	846	10,793
	1900	659	613	969	942	1,122	1,105	1,548	1,988	1,636	1,363	1,457	1,210	14,612
	1901	830	640	755	841	1,062	1,026	1,333	1,582	1,373	1,202	1,029	986	12,659
	1902	734	596	769	735	838	874	1,102	1,249	1,231	1,029	1,048	814	11,019
	1903	480	357	509	665	647	792	974	1,123	1,024	849	821	789	9,030
Total ...	1899-1903	3,366	2,766	3,644	3,909	4,602	4,744	6,254	7,254	6,304	5,355	5,270	4,645	58,113

Q.—Causes of death.	DIED PER 1,000 OF AVERAGE STRENGTH.			RELATIVE LIABILITY IN PERCENTAGES. (Previous column expressed in percentages.)			PERCENTAGES IN DEATHS FROM ALL CAUSES.		
	European troops.	Native troops.	Prisoners.	European troops.	Native troops.	Prisoners.	European troops.	Native troops.	Prisoners.
Cholera	·81	·64	·56	40	32	28	6·2	6·4	2·6
Fevers*	4·68	1·77	1·56	58	22	19	35·9	17·6	7·2
Bowel-complaints	·70	·40	4·66	12	7	81	5·3	4·0	21·9
Spleen diseases	...	...	...	...	...	...	...	...	...
Anæmia and debility	·03	·10	·38	6	20	74	·2	1·0	1·8
Respiratory diseases	·78	3·27	4·40	9	39	52	6·0	32·6	20·5
Tubercle of the lungs	·24	·68	3·85	5	14	81	1·8	6·8	18·0
All other causes	5·81	3·18	5·97	39	21	40	44·5	31·6	28·0
All causes	13·05	10·04	21·38	29	23	48	100·0	100·0	100·0

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* Enteric, intermittent, remittent and simple continued fever.

STATEMENT No. I.—*Birth and Death Statistics.*

PROVINCE.	Year.	BIRTHS.			NUMBER OF DEATHS.			RATIO OF DEATHS PER 1,000 OF POPULATION.			HIGHEST DEATH-RATE.		LOWEST DEATH-RATE.		MEAN DEATH-RATE DURING PREVIOUS 5 YEARS.			Number of deaths of males to every 100 deaths of females.
		Total number.	Ratio per 1,000 of population.	Mean ratio per 1,000 of population during previous 5 years.	In municipalities and towns.	In districts excluding towns.	TOTAL.	In municipalities and towns.	In districts excluding towns.	TOTAL.	In municipalities and towns.	In districts excluding towns.	In municipalities and towns.	In districts excluding towns.	In municipalities and towns.	In districts excluding towns.	TOTAL.	
Bengal . .	1902	2,987,800	40·14	37·19	133,416	2,355,012	2,488,428	35·98	33·30	33·43	105·72	50·64	5·80	20·86	33·31	30·38	30·53	112·
	1903	2,903,191	39·00	38·17	136,018	2,345,131	2,481,149	36·39	33·17	33·33	78·23	48·24	4·96	19·18	33·73	30·77	30·92	108·
Assam .	1902	180,475	34·21	32·21	3,075	149,995	153,070	28·52	29·03	29·01	46·73	35·69	15·86	17·98	40·58	33·58	33·90	109·77
	1903	187,669	35·57	32·90	2,821	137,248	140,069	26·17	26·56	26·55	38·57	38·22	16·09	18·06	33·57	30·09	30·16	107·64
United Provinces of Agra and Oudh.	1902	2,186,201	45·84	39·65	157,903	1,394,143	1,552,046	46·69	31·46	32·54	104·94	42·57	18·29	23·27	41·12	31·83	32·48	106·66
	1903	2,200,031	46·13	42·60	186,008	1,734,895	1,920,903	54·86	39·16	40·28	89.47	56·14	23·38	30·85	*40·81	30·16	30·91	105·98
Punjab .	1902	880,477	43·8	40·0	98,481	788,492	886,973	49·39	43·53	44·11	177·44	102·71	15·75	14·73	36·72	33·38	33·71	100·
	1903	862,862	42·9	40·7	106,539	878,937	985,476	52·89	48·58	49·0	132·35	97·89	10·47	17·90	39·70	36·35	36·72	97·6
North-West Frontier Province.	1902	66,904	33·6	30·7	4,528	44,096	48,624	27·57	24·14	24·43	35·18	33·91	17·97	20·58	28·14	24·12	23·7	111·
	1903	62,866	31·6	31·3	5,392	51,147	56,539	32·83	28·0	28·40	51·72	35·89	15·02	22·55	27·27	23·13	23·31	108·3
Central Provinces and Berar.	1902	626,728	50·17	†	41,139	300,293	341,432	33·85	26·62	27·33	99·3	41·2	12·52	18·98	‡42·47	†	†	109·4
	1903	563,548	45·11	37·18	79,106	364,591	443,697	64·59	32·36	35·52	166·04	54·22	11·50	19·87	†	‡30·40	33·30	107·44
Madras Presidency.	1902	1,023,146	28·2	28·9	101,399	631,038	732,437	28·2	19·3	20·2	128·9	30·2	3·4	11·6	31·2	21·5	22·2	104·
	1903	1,165,080	31·2	28·8	112,887	713,776	826,663	27·3	21·5	22·2	87·6	41·1	1·2	22·6	30·5	20·4	21·2	102·9
Coorg . .	1902	4,319	23·91	20·67	563	4,324	4,887	36·92	26·15	27·06	56·74	30·11	15·62	20·60	43·27	33·92	39·12	122·74
	1903	4,787	26·51	21·54	744	4,932	5,676	48·79	29·83	31·43	83·12	36·17	29·80	25·02	44·58	29·84	31·08	118·55
Bombay Presidency.	1902	631,393	34·16	30·57	145,524	575,938	721,462	60·22	35·85	39·04	185·22	58·86	10·61	16·46	65·77	39·08	42·40	104·
	1903	576,949	31·22	30·72	144,675	666,850	811,525	59·87	41·51	43·91	138·83	75·47	14·20	14·12	66·47	38·75	42·22	104·
Lower Burma	1902	175,106	31·57	34·68	19,882	97,504	117,386	29·93	19·97	21·16	54·51	26·23	10·93	14·28	32·52	24·80	25·79	128·
	1903	184,561	33·54	34·38	21,821	110,946	132,767	32·33	22·98	24·13	66·57	30·18	15·18	15·63	31·92	23·40	24·48	128·
Upper Burma	1902§	11,458	38·0	†	9,014	40,905	49,919	29·95	15·82	17·30	43·73	29·15	14·19	11·21	†	†	†	98·
	1903‖	11,047	37·48	†	11,554	51,387	62,941	39·20	19·83	21·80	64·58	37·12	25·46	12·03	†	†	†	96·
Ajmer-Merwara	1902	17,207	36·08	28·13	5,296	10,376	15,672	40·85	29·88	32·86	62·44	38·05	31·43	17·28	68·99	48·69	52·11	110·1
	1903	14,061	29·48	27·67	5,316	8,404	13,720	41·01	24·20	28·77	57·43	34·14	34·45	13·38	62·21	49·65	53·06	109·9

* Excluding Tundla town.
† Not available.
‡ For Central Provinces. Information for Berar not available.
§ Statistics of births for 13 towns only.
‖ Statistics of births for 12 towns only.

STATEMENT No. II.—*Total number of deaths by months.*

PROVINCE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	RATIO PER 1,000 OF POPULATION.	
														1903.	1902.
Bengal	211,273	183,170	231,254	215,654	195,388	202,425	203,375	200,625	184,593	178,112	230,360	244,920	2,481,149	33·33	33·43
Asssam	11,645	9,389	9,633	10,617	12,135	12,260	12,741	11,248	11,226	12,331	13,029	13,815	140,069	26·55	29·01
United Provinces of Agra and Oudh.	132,232	119,873	144,681	175,277	184,866	189,113	185,003	139,277	146,298	168,090	175,089	161,104	1,920,903	40·28	32·54
Punjab	72,544	68,640	91,294	128,106	107,206	69,891	55,393	47,498	62,300	87,177	105,114	90,313	985,476	49·01	44·11
North-West Frontier Province .	5,611	4,186	3,761	3,463	4,148	4,755	4,721	3,912	3,701	4,920	6,284	7,077	56,539	28·40	24·42
Central Provinces and Berar .	31,336	35,605	36,383	34,593	30,832	33,730	28,373	32,331	41,518	45,816	49,713	43,467	443,697	35·52	27·33
Madras Presidency . . .	70,496	58,983	59,769	55,010	59,177	65,396	72,839	72,454	68,970	71,865	76,545	95,159	826,663	22·2	20·2
Coorg	364	330	408	400	477	603	573	620	546	432	451	472	5,676	31·43	27·06
Bombay Presidency . . .	92,785	87,292	78,234	60,835	40,632	38,803	44,775	59,698	72,557	83,041	78,081	74,792	811,525	43·91	39·04
Burma . Lower . . .	10,287	8,397	8,636	9,150	10,149	10,403	13,339	13,323	12,322	11,379	12,176	13,206	132,767	24·13	21·16
Burma . Upper . . .	4,303	3,992	4,662	5,527	5,345	5,291	6,825	5,703	4,835	4,990	5,370	6,098	62,941	21·80	17·30
Ajmer-Merwara . . .	1,169	1,154	1,060	979	1,116	1,018	609	897	1,320	1,326	1,451	1,621	13,720	28·77	32·86
TOTAL . .	644,045	581,011	669,775	699,611	651,471	633,688	628,566	587,586	610,186	669,479	753,663	752,044	7,881,125	34·7	31·49

STATEMENT III.—*Births.*

PROVINCE.	Population under registration.	RATIO OF BIRTHS PER 1,000 OF POPULATION. Maximum for any one district.	Minimum for any one district.	Mean for the province.	Number of males born to every 100 females born.	Excess of births over deaths per 1,000 of population.	Excess of deaths over births per 1,000 of population.
Bengal	74,428,193	50·91	15·54	39·00	105·	5·67	...
Assam	5,275,706	43·22	27·81	35·57	106·72	9·02	...
United Provinces of Agra and Oudh	47,691,782*	56·08	28·49	46·13	107·59	58·5	...
Punjab	20,108,690	50·1	17·3	42·9	110·3	...	6·1
North-West Frontier Province	1,990,744	36·2	29·7	31·6	122·8	3·2	...
Central Provinces and Berar	12,491,909	52·09	37·41	45·11	104·97	9·59	...
Madras Presidency	37,315,611	39·2	23·3	31·2	103·9	9·0	...
Coorg	180,607	39·10	18·71	26·51	104·31	...	4·93
Bombay Presidency	18,481,362	43·30	13·25	31·22	107·94	...	12·70
Burma Lower	5,502,964†	46·01	17·95	33·54	108·	9·	...
Burma Upper‡	294,715	55·17	30·62	37·48	105·	...	2·
Ajmer-Merwara	476,912	35·20	27·79	29·48	117·66	·72	...

* Includes 16,010 persons enumerated at the Ajodhya fair.

† Includes population of excluded tracts as well.

‡ Statistics for 12 towns, registration of births being not enforced yet in the districts of Upper Burma.

STATEMENT IV.—*Deaths.*

PROVINCE.	Population under registration.	Area in square miles.	Average population per square mile.	RATIO OF DEATHS PER 1,000 OF POPULATION. Maximum for any one district.	Minimum for any one district.	Mean for the year.	DEATH-RATE BY SEX. Male.	Female.
Bengal	74,428,193	147,264	505	48·73	19·30	33·33	34·87	31·80
Assam	5,275,706	31,789	166	38·10	18·23	26·55	26·71	26·38
United Provinces of Agra and Oudh.	47,691,782*	107,164	445	55·90	30·94	40·28	40·15	40·41
Punjab	20,108,690	97,209	207	96·3	24·5	49·0	45·1	53·6
North-West Frontier Province.	1,990,744	13,688†	149†	35·8	22·9	28·4	27·6	29·4
Central Provinces and Berar.	12,491,909	97,689	128	65·31	20·02	35·52	37·18	33·89
Madras Presidency	37,315,611	129,239	289	37·9	14·6	22·2	22·8	21·5
Coorg	180,607	1,583	114	36·02	29·46	31·43	17·09	14·34
Bombay Presidency	18,481,362	122,984	150	74·53	15·19	43·91	43·42	44·43
Burma Lower	5,502,964	74,039	74	34·57	15·58	24·13	25·55	22·52
Burma Upper	2,886,670	26,806	108	38·19	12·02	21·80	22·59	21·10
Ajmer-Merwara	476,912	2,711	176	29·69	25·66	28·77	28·52	29·05

* Includes 16,010 persons enumerated at the Ajodhya fair.

† Area and population per square mile of districts include areas of cantonments.

STATEMENT V.—*Deaths in Towns and Rural Circles compared.*

PROVINCE.	NUMBER OF REGISTRATION CIRCLES. Rural.	Town.	Total.	POPULATION. Rural.	Town.	Total.	RATIO OF DEATHS PER 1,000 OF POPULATION. Rural.	Town.	Total.
Bengal	562	162	724	70,691,283	3,736,910	74,428,193	33·17	36·39	33·33
Assam	67	19	86	5,167,896	107,810	5,275,706	26·56	28·53	26·55
United Provinces of Agra and Oudh.	851	452	1,303	42,527,884	5,163,898	47,691,782	39·16	54·86	40·28
Punjab	399	145	544	18,094,164	2,014,526	20,108,690	48·58	52·89	49·0
North-West Frontier Province.	62	10	72	1,826,493	164,251	1,990,744	28·00	32·83	28·40
Central Provinces and Berar.	230	100	330	11,267,309	1,224,600	12,491,909	32·36	64·59	35·52
Madras Presidency	185	232	417	33,177,634	4,137,977	37,315,611	21·5	27·3	22·2
Coorg	5	5	10	100,258	80,349	180,607	29·83	48·79	31·43
Bombay Presidency	220	63	283	16,065,004	2,416,358	18,481,362	41·51	59·87	43·91
Burma Lower	200	37	237	4,827,934	675,030	5,502,964	22·98	32·33	24·13
Burma Upper	111	12	123	2,591,955	294,715	2,886,670	19·83	39·20	21·80
Ajmer-Merwara	17	6	23	347,280	129,632	476,912	24·20	41·01	28·77

STATEMENT VI. —*Deaths according to age.*

Province.	Ratio per 1,000 of population.																			
	Under 1 year.		1 year and under 5 years.		5 years and under 10 years.		10 years and under 15 years.		15 years and under 20 years.		20 years and under 30 years.		30 years and under 40 years.		40 years and under 50 years.		50 years and under 60 years.		60 years and upwards.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Bengal . .	283·82	240·40	50·10	44·12	19·29	15·91	14·70	13·16	17·81	17·96	19·86	19·38	22·45	20·68	28·36	23·77	41·43	37·64	81·31	68·14
Assam . .	194·73	170·27	31·51	30·54	11·68	9·90	11·09	10·47	15·34	20·50	16·13	20·96	18·97	19·66	23·13	20·02	35·96	31·35	64·28	50·95
United Provinces of Agra and Oudh.	425·59	394·28	89·71	88·49	18·52	17·37	10·91	11·54	12·77	17·60	15·18	18·18	18·04	18·26	24·35	21·95	40·36	36·31	75·16	62·53
Punjab . .	345·96	351·08	72·48	80·17	20·26	25·99	17·74	27·70	19·44	26·36	22·03	27·84	26·04	33·71	35·69	40·89	50·22	56·57	102·26	120·92
N.-W. Frontier Province.	188·54	153·66	56·60	58·05	12·09	13·56	7·99	9·98	8·49	11·23	9·24	13·24	13·58	17·73	21·04	23·73	31·70	31·56	65·66	65·98
Central Provinces and Berar.	605·73	525·93	53·80	47·05	12·70	12·37	10·63	10·94	14·91	15·23	15·23	15·17	18·04	16·98	25·17	20·17	40·56	33·30	98·20	84·12
Madras Presidency	203·5	169·6	30·1	28·6	9·1	8·8	6·4	6·5	9·0	12·0	10·6	11·5	12·6	11·8	18·4	14·4	30·0	25·8	66·6	63·4
Coorg . . .	224·84	165·01	40·83	32·93	10·59	10·54	10·43	9·63	16·32	18·46	20·17	33·36	29·85	31·80	34·57	31·28	53·62	52·45	80·76	77·57
Bombay Presidency.	316·75	283·68	53·29	51·26	21·95	24·95	23·52	30·23	28·55	32·47	29·50	30·26	33·14	33·29	42·96	37·94	60·98	55·06	114·14	112·10
Burma { Lower	331·80	227·83	29·16	25·37	13·11	11·26	9·73	8·52	14·11	12·00	12·84	12·09	15·99	16·50	21·25	18·67	28·29	23·69	56·10	53·69
Burma { Upper	190·15	142·51	28·04	26·53	10·46	9·58	6·28	6·21	9·35	9·13	10·18	11·29	13·86	14·05	17·28	14·54	26·50	21·64	62·62	56·29
Ajmer-Merwara .	607·04	590·11	75·50	72·06	8·04	7·87	6·41	6·02	9·01	14·34	13·20	17·05	18·24	21·12	28·49	22·02	42·25	37·53	73·13	58·14

STATEMENT VII. —*Deaths according to cause.*

Province.	Deaths per 1,000 of population in 1903.									Ratio of deaths in 1902.	Ratio of deaths in 1901.
	Cholera.	Small-pox.	Plague.	Fevers.	Dysentery and Diarrhœa.	Respiratory diseases.	Injuries.	All other causes.	All causes.		
Bengal	2·73	·40	·88	22·23	·76	·10	·42	5·78	33·33	33·43	31·04
Assam	1·58	0·21	·01	14·22	1·99	0·08	·33	8·13	26·55	29·01	27·85
United Provinces of Agra and Oudh.	·99	·46	1·77	27·63	·85	·50	·49	7·56	40·28	32·54	30·30
Punjab	·73	·78	10·22	25·33	·82	3·38	·33	7·42	49·01	44·11	36·13
N.-W. Frontier Province.	·68	1·35	·02	21·37	·28	·50	·33	3·86	28·40	24·43	19·16
Central Provinces and Berar.	·03	·17	4·13	15·27	2·66	1·36	·51	11·39	35·52	27·33	24·37
Madras Presidency .	·7	·4	·4	8·4	1·3	·4	·4	10·2	22·2	20·2	21·3
Coorg	...	·24	·25	26·41	·76	·03	·21	3·53	31·43	27·06	36·49
Bombay Presidency .	0·09	·15	15·22	14·05	3·00	3·21	·37	7·82	43·91	39·04	37·12
Burma { Lower . .	·97	·23	...	10·14	1·61	·35	·30	10·52	24·13	21·16	21·74
Burma { Upper . .	1·00	·23	...	7·63	·39	·34	·34	11·88	21·80	17·30	33·27*
Ajmer-Merwara . .	...	·01	·10	23·05	·95	·57	·37	3·72	28·77	32·86	33·13

* Statistics of 13 towns.

STATEMENT VIII.—*Ratio of deaths from all causes according to months.*

Province.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Bengal . .	2·83	2·46	3·10	2·89	2·62	2·71	2·73	2·69	2·48	2·39	3·09	3·29	33·33
Assam . .	2·21	1·78	1·83	2·01	2·30	2·32	2·41	2·13	2·13	2·34	2·47	2·62	26·55
U. Provinces of Agra and Oudh.	2·77	2·51	3·03	3·67	3·88	3·96	3·88	2·92	3·07	3·52	3·67	3·38	40·28
Punjab . .	3·61	3·41	4·54	6·37	5·33	3·48	2·75	2·36	3·10	4·34	5·23	4·49	49·01
N.-W. Frontier Province.	2·82	2·10	1·89	1·74	2·08	2·39	2·37	1·97	1·86	2·47	3·16	3·55	28·40
Central Provinces and Berar.	2·51	2·85	2·91	2·77	2·47	2·70	2·27	2·59	3·32	3·67	3·98	3·48	35·52
Madras Presidency.	1·9	1·6	1·6	1·5	1·6	1·8	2·0	1·9	1·8	1·9	2·1	2·5	22·2
Coorg . .	2·02	1·83	2·66	2·21	2·64	3·34	3·17	3·43	3·02	2·39	2·50	2·61	31·43
Bombay Presidency.	5·02	4·72	4·23	3·30	2·20	2·10	2·42	3·23	3·92	4·50	4·22	4·05	43·91
Burma { Lower	1·87	1·53	1·57	1·66	1·84	1·89	2·42	2·42	2·24	2·07	2·21	2·40	24·13
Burma { Upper	1·49	1·38	1·62	1·91	1·85	1·83	2·36	1·98	1·67	1·73	1·86	2·11	21·80
Ajmer-Merwara.	2·45	2·42	2·22	2·05	2·34	2·13	1·29	1·88	2·77	2·78	3·04	3·40	28·77

STATEMENT I.—*Deaths from* CHOLERA *in the different Provinces in India from 1877 to 1903.*

YEAR.	Bengal.*	Assam.	United Provinces of Agra and Oudh.	Punjab.	N.-W. Frontier Province.	Central Provinces.	Berar.	Madras.	Coorg.	Bombay.	Lower Burma.	Upper Burma.†	Ajmer-Merwara.	Rajputana.	Central India.	Hyderabad (Cantonment stations).	Mysore.
1877	155,305	11,377	31,770	29	...	3,418	842	357,430	‡	57,228	7,276	...	11	60	926	7,414	2,902
1878	95,192	6,732	22,221	215	...	40,985	31,305	47,167	49	46,743	6,759	...	210	2,393	8,047	6,696	723
1879	130,363	17,415	35,892	26,135	...	27,575	223	13,296	...	6,937	1,828	...	120	918	2,734	6	14
1880	39,643	2,083	71,546	274	...	330	1	613	...	684	2,638	...	3	...	299	...	25
1881	79,180	5,010	25,865	5,207	...	9,140	3,404	9,446	3	16,694	5,239	...	16	197	581	1,721	25
1882	182,352	21,055	89,372	39	...	11,932	3,573	23,604	31	7,904	7,177	...	289	1,327	1,562	150	893
1883	90,439	14,908	18,160	190	...	16,235	27,897	36,284	...	37,954	2,185	...	87	797	1,740	1,947	124
1884	134,421	22,276	30,143	614	...	149	87	75,476	...	13,804	5,515	...	227	1,297	1,018	2,479	330
1885	173,767	7,753	63,457	1,936	...	21,868	3,683	58,109	...	37,287	7,685	...	100	1,615	4,624	1,387	2,677
1886	118,368	20,188	34,565	12	...	16,679	976	12,417	...	167	4,027	...	765	173	290	499	10
1887	172,578	7,941	200,628	8,804	...	12,576	14,396	28,359	3	25,711	2,649	...	384	2,612	8,868	2,831	832
1888	111,391	9,693	18,704	14,938	...	921	305	58,677	2	36,500	15,982	...	13	32	191	2,057	1,015
1889	171,103	18,288	48,494	2,838	...	52,588	10,925	76,020	9	32,431	3,240	...	55	6,923	3,344	1,128	1,590
1890	145,885	15,396	80,295	3,401	...	4,787	847	35,288	5	3,259	1,076	...	408	2,746	3,132	...	1,326
1891	229,575	23,882	169,013	10,107	...	21,312	7,958	98,773	7	17,850	2,400	...	532	2,946	13,474	3,102	1,204
1892	259,398	21,552	194,886	75,959	...	39,972	2,030	79,033	58	42,900	6,208	...	2,352	26,760	8,384	53	5,497
1893	126,976	21,849	12,154	639	...	557	1,188	32,209	9	18,853	2,393	...	3	314	127	165	680
1894	236,150	13,497	178,079	113	...	7,043	3,452	42,289	8	33,588	7,428	...	...	2	5,210	1,862	328
1895	177,087	18,962	51,562	549	...	15,506	11,919	21,172	...	8,890	5,150	...	289	1,049	6,043	467	2,334
1896	226,824	17,042	69,147	5,146	...	52,985	12,264	47,847	49	35,404	2,959	...	12	3,797	15,766	525	2,100
1897	196,247	33,240	44,208	622	...	57,131	10,122	143,445	106	57,109	8,538	...	19	1,496	13,202	1,039	4,248
1898	65,020	11,149	2,508	33§	...	7	...	65,444	8	4,368	2,972	...	1	6	2	6	1,193
1899	107,678	8,380	8,142	1,816	...	76‖	541	29,082	...	8,579	4,942	2,050	1	498	...	...	123
1900	345,878	23,761	84,960	28,260	...	63,114	18,375	60,662	...	163,889	3,440	41	4,842	28,719	20,450	3,813	779
1901	110,753	7,468	53,995	180	117	49	17	81,370	58	13,600	3,552	‡	50	6	72	1	11,351
1902	150,971	12,658	25,160	371	...	28	16	29,769	...	3,230	1,844	57	32	1,519	12	...	218
1903	203,405	8,360	47,159	14,688	1,354	437¶	...	27,393	...	1,825	5,346	2,887	...	236	1,110	...	98

* Excluding Calcutta from 1877 to 1892.
† Statistics from 1877 to 1898 not available.
‡ Statistics not available.
§ Including 30 deaths in cantonments.
‖ Excluding Zamindaris.
¶ Including Berar.

STATEMENT II.—*Deaths from Cholera in British Provinces, by months, during the year 1903.*

PROVINCE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	RATIO PER 1,000 OF POPULATION.	
														1903.	1902.
Bengal	13,456	9,183	13,618	21,770	23,038	25,367	37,286	25,963	8,642	4,414	7,784	12,884	203,405	2·73	2·02
Assam	733	208	188	705	1,512	1,401	982	560	517	393	649	506	8,360	1·58	2·40
United Provinces of Agra and Oudh.	55	130	168	1,028	3,769	8,461	16,899	6,536	3,985	3,466	2,048	614	47,159	·99	·53
Punjab	...	...	...	229	959	3,054	6,184	2,300	1,512	431	17	2	14,688	·73	·02
N.-W. Frontier Province.	...	...	...	3	43	305	469	214	283	28	...	9	1,354	·68	...
Central Provinces and Berar.	...	...	...	17	12	77	84	6	68	156	17	...	437	·03	·003
Madras Presidency.	1,573	1,281	1,108	1,078	1,556	3,491	3,970	2,314	1,206	1,133	1,480	7,203	27,393	·7	·8
Coorg	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bombay Presi-	2	2	2	...	191	413	338	407	239	212	12	7	1,825	·09	·17
Burma. Lower	430	400	400	732	919	422	421	399	199	327	438	259	5,346	·97	·33
Burma. Upper	...	...	1	12	114	295	862	542	268	255	331	207	2,887	1·00	·02
Ajmer-Merwara	...	...	...	...	...	...	...	...	...	...	...	...	...	...	·07
TOTAL ...	16,249	11,204	15,485	25,574	32,113	43,286	67,495	39,241	16,919	10,821	12,776	21,691	312,854	1·37	1·01*

* Excluding Upper Burma : figures received late.

STATEMENT III.—*Details of the distribution and occurrence of CHOLERA during the year 1903.*

PROVINCE.	Mortality in 1903.	Mean mortality of previous 5 years.	Urban mortality.	Rural mortality.	Percentage of villages attacked.	Maximum mortality in any one district excluding towns.	Maximum mortality in any one town.	Month of maximum prevalence.
Bengal	2·73	2·09	3·03	2·71	13·52	7·64	18·71	July.
Assam	1·58	2·40	1·58	1·59	7·84	6·61	13·77	May.
United Provinces of Agra and Oudh	·99	·74	1·16	·97	4·19	9·34	11·87	July.
Punjab	·73	·27	1·09	·69	4·58	3·28	16·51	July.
North-West Frontier Province	·68	·34	·62	·69	6·06	2·30	3·23	July.
Central Provinces and Berar	·03	1·32	·07	·03	·11	·24	6·37	October.
Madras Presidency	·7	1·5	·9	·7	8·41	2·3	10·4	December.
Coorg	...	·07	...	...	...	...	...	...
Bombay Presidency	·09	2·06	·12	·10	·63	1·36	3·07	June.
Burma Lower	·97	·68	1·71	·87	6·61	2·91	10·98	May.
Burma Upper	1·00	...	1·73	·92	8·13	2·25	7·09	July.
Ajmer-Merwara	...	2·07	...	...	...	...	...	...

TABLE I.—*Small-pox mortality.*

Provinces, Districts, Towns—Children.	Bengal.	Assam.	United Provinces.	Punjab.	North-West Frontier Province.	Central Provinces.	Lower Burma.	Upper Burma.	Madras Presidency.	Bombay Presidency.	Ajmer-Merwara.	Coorg.	Registration India.
I.—Mortality by Provinces :													
A.—Deaths by months—													
January	2,429	245	917	1,414	246	134	87	27	1,405	276	...	...	7,180
February	2,746	126	1,158	1,303	259	215	141	65	1,482	375	...	2	7,872
March	4,216	146	2,205	1,631	251	229	178	81	1,542	477	...	3	10,959
April	4,514	162	3,721	1,653	234	290	292	166	1,319	509	...	1	12,861
May	4,453	130	4,225	2,151	300	234	176	89	1,193	402	...	1	13,354
June	4,649	118	4,166	2,141	223	342	119	108	1,190	199	4	9	13,268
July	2,754	62	3,083	1,575	218	225	105	21	1,368	142	...	10	9,563
August	1,573	23	1,316	868	234	189	39	4	1,337	89	...	3	5,680
September	775	11	482	559	134	100	26	11	1,144	49	...	1	3,292
October	511	24	224	376	136	60	15	30	1,058	22	...	1	2,457
November	575	17	133	667	202	50	66	3	986	65	...	3	2,757
December	1,259	47	320	1,297	257	62	22	49	991	127	...	9	4,440
Total	30,459	1,111	21,950	15,635	2,694	2,130	1,266	654	15,015	2,732	4	43	93,693
B.—Annual death ratios—													
Ratio per 1,000 of population, 1903	·40	·21	·46	·78	1·35	·17	·23	·23	·4	·15	·01	·24	·41
Ratio per 1,000 of population, 1902	·77	1·26	·10	·58	·54	·37	·28	*	·69	·12	·01	·11	·52
Difference	—·37	—1·05	+·36	+·20	+·81	—·20	—·05	*	—·29	+·03	·00	+·13	—·11
Mean ratio per 1,000 during 1898—1902	·38	·66	·05	·34	·63	·35	·72	*	·7	·23	1·67	·92	·36
Difference	+·02	—·45	+·41	+·44	+·72	—·18	—·49	*	—·3	—·08	—1·66	—·68	+·05
II.—District mortality excluding towns:													
Number of districts affected	44	8	48	27		21	12	7	31	20	1	4	218
Highest district ratio	1·66	1·09	3·55	3·03	2·41	·79	·77	·94	1·2	·36	·14	·62	3·55
Name of that district	Sonthal Parganas.	Cachar	Rai Bareli	Rawal-pindi.	Peshawar	Balaghat	Pegu	Mandalay	North Arcot.	Nasik	Pohkar	Kiggatnad	Rai Bareli.
Lowest district ratio	·004	·01	·003	·02	·08	·003	·01	·01	·02	·001	·14	·05	·001
Name of that district	Khulna	Lakhim-pur.	Agra	Kangra	Bannu	Basim	Akyab	Shwebo	Trichi-nopoly.	Belgaum	Pohkar	Mercara Taluk.	Belgaum.
Number of districts without mortality	1	None	None	None	None	5	5	5	None	4	16	1	37
District death-rate per 1,000 of population.	·41	·21	·47	·76	1·34	·18	·24	·23	·4	·07	·01	·24	·42
III.—Town mortality :													
Number of towns affected	76	3	62	109	9	20	10	2	72	20	1	2	386
Highest town ratio	7·19	·75	6·22	8·32	2·85	2·03	2·41	4·95	2·8	2·11	·08	1·25	8·32
Name of that town	Madhu-bani.	Haila-kandi	Mau	Dharam-kot.	Buffa	Mungeli	Zigôn	Yamethin	Tenali	Yeola	Ajmer suburb	Fraserpet	Dharm-kot.
Lowest town ratio	·01	·18	·01	·04	·10	·02	·14	·07	·01	·02	·08	·47	·01
Name of that town	Cuttack	Sibsagar	Cawnpore	Ferozepore	Bannu	Nagpur	Pegu	Mandalay	Madras	Karachi	Ajmer suburb.	Virajend-rapet	Cawnpore
Number of towns without mortality	86	16	46	36	1	80	27	10	146	43	5	2	499
Town death-rate per 1,000 of population.	·23	·06	·25	·97	1·53	·06	·18	·19	·1	69	·02	·26	·35
IV.—Infantile mortality :													
Children under 1 year	5,729	215	7,980	4	606	849	161	25	7,055	816	1	...	27,723
Children 1—10 years	13,002	457	11,488	8,342	1,894	707	424	191	4,144	1,082	3	...	41,734
Percentage of children in total small-pox mortality.	61·50	60·49	88·69	80·77	92·80	73·05	46·21	33·03	74·59	69·47	100·000	...	74·13

* Not available.

TABLE II.—*Fever Mortality.*

Provinces, districts, towns.	Bengal.	Assam.	United Provinces.	Punjab.	North-West Frontier Province.	Central Provinces.	Lower Burma.	Upper Burma.	Madras Presidency.	Bombay Presidency.	Ajmer-Merwara.	Coorg.	Registration India.
I.—Mortality by Provinces :													
A.—Deaths by months—													
January	141,131	5,849	93,842	41,223	4,506	13,193	4,653	1,613	26,199	28,850	936	302	362,297
February	119,626	5,092	79,761	33,783	3,228	12,742	3,673	1,422	21,997	25,208	951	274	307,757
March	146,400	5,369	88,331	34,444	2,839	13,297	3,996	1,874	23,318	24,045	890	336	345,139
April	138,130	5,770	108,272	34,864	2,530	16,224	3,666	2,062	22,198	22,356	757	339	357,168
May	130,800	5,906	123,935	36,861	3,051	16,365	3,616	1,815	22,937	17,632	849	416	364,183
June	130,847	6,658	128,142	37,432	3,388	18,091	3,841	1,594	24,631	15,631	750	479	371,484
July	121,133	7,497	119,894	30,386	3,181	13,629	5,414	2,020	26,210	15,773	462	484	346,083
August	127,209	6,437	94,978	26,682	2,614	14,424	5,534	1,670	27,864	18,614	682	528	327,236
September	129,744	5,922	105,322	37,825	2,471	17,030	4,978	1,520	27,200	18,768	1,030	469	352,279
October	129,560	6,526	125,121	59,768	3,812	18,710	4,624	1,654	28,224	21,641	1,076	348	401,064
November	168,794	6,852	131,711	75,562	5,134	19,976	5,344	2,079	29,673	25,384	1,198	402	472,109
December	171,567	7,126	119,210	60,477	5,795	17,026	6,449	2,707	34,475	25,802	1,411	393	452,438
TOTAL .	1,654,941	75,004	1,318,519	509,307	42,549	190,707	55,788	22,030	314,926	259,704	10,992	4,770	4,459,237
B.—Annual death ratios—													
Ratio per 1,000 of population, 1903 .	22·23	14·22	27·65	25·33	21·37	15·27	10·14	7·63	8·4	14·05	23·05	26·41	19·66
Ratio per 1,000 of population, 1902 .	23·13	14·72	24·51	23·54	18·92	13·36	8·86	*	7·65	14·66	26·81	22·79	19·17
Difference . .	—·90	—·50	+3·14	+1·79	+2·45	+1·91	+1·28	*	+·75	—·61	—3·76	+3·62	+·49
Mean ratio per 1,000 during 1898—1902	21·68	16·42	24·16	23·48	16·52	16·80	10·27	*	7·8	16·60	38·37	25·26	19·33
Difference . .	+·55	—2·20	+3·49	+1·85	+4·85	—1·53	—·13	*	+·6	—2·55	—15·32	+1·15	+·33
II.—District mortality excluding towns :													
Number of districts affected . .	45	8	48	27	5	26	17	12	21	24	17	5	255
Highest district ratio	37·38	28·84	39·68	32·90	27·73	36·70	17·55	13·61	16·8	29·63	32·38	33·31	39·68
Name of that district	Dinajpur	Goalpara	Saharanpur.	Karnal	Kohat	Burhanpur.	Thayetmyo.	Kyaukse	Cuddapah	Ahmedabad.	Pohkar	Nanjarajapatna.	Saharanpur.
Lowest district ratio	8·07	9·85	13·66	5·18	15·33	6·35	7·19	3·87	2·0	8·68	12·81	20·06	2·0
Name of that district	Puri	Sibsagar	Fyzabad	Simla	Hazara	Buldana	Hanthawaddy.	Sagaing	Anantipur	Belgaum	Sawar	Yedenalknad.	Anantipur.
Number of districts without mortality	None	None	None	None	None	None	None	None	None	None	None	None	None.
District death-rate per 1,000 of population.	22·65	14·26	27·47	25·56	21·59	15·60	10·32	7·35	8·8	14·64	23·37	26·42	20·03
III.—Town mortality.													
Number of towns affected . . .	162	19	108	145	10	100	37	12	2·18	63	6	5	885
Highest town ratio	47·60	24·16	62·20	68·63	34·11	27·67	23·77	16·79	21·7	40·62	41·22	33·75	68·63
Name of that town	Murshidabad.	Golaghat	Brindaban	Mokhu	Dera Ismail Khan.	Darwa	Myaungmya.	Kyaukse	Kanigiri	Umarkot	Pisangan	Kadlipet	Mokhu.
Lowest town ratio	1·14	6·05	11·98	2·06	7·66	·79	3·10	3·69	·1	1·12	15·54	24·81	·1
Name of that town	Jhalakoti	Silchar	Fatehpur	Khangah Dogran.	Abbottabad.	Deulgaon Raja.	Danubyu	Yamethin	Dowlaishweram.	Ahmednagar Cantt.	Ajmer	Mercara	Dowlaishweram.
Number of towns without mortality .	None	None	None	None	None	None	None	None	None	None	None	None	None.
Town death-rate per 1,000 of population.	14·26	12·09	20·00	23·27	18·98	12·18	8·82	10·15	5·9	10·16	22·18	26·36	15·34

* Not available.

TABLE III.—*Dysentery and Diarrhœa Mortality.*

Provinces, Districts and Towns.	Bengal.	Assam.	United Provinces.	Punjab.	North-West Frontier Province.	Central Provinces.	Lower Burma.	Upper Burma.	Madras Presidency.	Bombay Presidency.	Ajmer-Merwara.	Coorg.	Registration India.
I.—Mortality by Provinces :													
A.—Deaths by months—													
January	5,039	755	2,063	968	51	1,586	519	34	3,781	4,715	46	5	19,562
February	4,226	597	1,702	741	35	1,707	471	35	3,168	4,203	29	2	16,916
March	4,860	603	2,433	797	27	1,981	489	47	3,274	3,613	25	11	18,160
April	4,388	794	3,740	1,029	29	2,022	483	51	3,161	3,885	36	5	19,623
May	4,092	1,172	4,645	1,549	35	1,928	752	123	3,465	3,835	43	11	21,650
June	4,658	1,019	4,830	1,437	66	2,307	965	103	4,429	4,198	36	23	24,071
July	5,002	929	4,579	1,150	49	2,994	1,129	174	5,689	5,009	21	11	26,736
August	5,687	876	4,002	1,264	49	3,777	1,141	182	5,299	6,189	35	20	28,521
September	4,687	920	3,578	1,938	46	4,738	763	118	4,391	5,787	75	11	27,052
October	3,966	1,004	3,334	2,116	67	4,272	605	86	4,021	5,239	47	17	24,774
November	4,680	901	2,981	2,013	45	3,203	745	103	3,906	4,517	36	9	23,139
December	5,354	946	2,773	1,496	54	2,666	801	69	4,805	4,253	26	12	23,255
TOTAL	56,639	10,516	40,660	16,498	553	33,181	8,863	1,125	49,389	55,443	455	137	273,459
B.—Annual death ratios —													
Ratio per 1,000 of population, 1903	·76	1·99	·85	·82	·28	2·66	1·61	·39	1·3	3·00	·95	·76	1·21
Ratio per 1,000 of population, 1902	·76	2·13	·58	·70	·33	1·69	1·30	*	1·01	3·18	·99	·59	1·06
Difference	·00	—·14	+·27	+·12	—·05	+·97	+·31	*	+·29	—·18	—·04	+·17	+·15
Mean ratio per 1,000 during 1898—1902	·69	2·56	·58	·82	·26	2·92	1·62	*	1·0	5·00	4·81	·92	1·33
Difference	+·07	—·57	+·27	·00	+·02	—·26	—·01	*	+·3	—2·00	—3·86	—·16	—·12
II.—District mortality excluding towns :													
Number of districts affected	45	8	48	27	5	26	17	12	21	24	12	5	250
Highest district ratio	5·58	4·51	10·02	2·28	·77	8·60	3·34	·95	2·8	9·18	·64	·61	10·02
Name of that district	Darjeeling.	Lakhimpur.	Garhwal	Simla	Dera Ismail Khan.	Akola	Myaungmya.	Thayetmyo.	Nilgiris	Khandesh	Dewair	Yedenalknad.	Garhwal.
Lowest district ratio	·01	·15	·01	·12	·04	·21	·41	·12	·3	·04	·05	·08	·01
Name of that district	Purnea	Goalpara	Muzaffarnagar.	Mooltan	Peshawar	Bhandara	Toungoo	Mandalay.	Vizagapatam.	Thar and Parker.	Sawar	Nanjarajapatna.	Muzaffarnagar.
Number of districts without mortality	None	None	None	None	None	None	None	None	None	None	5	None	5
District death-rate per 1,000 of population.	·64	1·98	·73	·65	·18	2·59	1·49	·38	1·1	2·95	·11	·29	1·06
III.—Town mortality :													
Number of towns affected	155	18	100	142	10	99	35	12	193	60	5	2	831
Highest town ratio	18·12	5·87	12·43	9·73	3·62	19·90	5·58	5·35	14·9	10·07	5·00	16·58	19·90
Name of that town	Kurseong	Jorhat	Ballia	Pind Dadan Khan.	Kulachi	Amraoti	Allanmyo	Kyaukse	Palamcottah.	Poona	Ajmer suburb.	Virajendrapet.	Amraoti.
Lowest town ratio	·05	·67	·05	·19	·43	·10	·17	·07	·1	·20	·36	2·67	·05
Name of that town	Madaripur	North Lakhimpur.	Kanauj	Khangah Dogran.	Buffa	Pauni	Lemyethna.	Pynmana	Ramnad	Jambusar.	Beawar	Mercara	Kanauj.
Number of towns without mortality	7	1	8	3	None	1	2	None	25	3	1	3	54
Town death-rate per 1,000 of population.	2·90	2·93	2·38	2·38	1·38	3·30	2·51	·47	3·1	3·29	3·23	5·84	2·82

* Not available.

TABLE IV.—*Plague deaths.*

PROVINCE OR STATE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
													1903.	1902.
Bengal	9,763	12,808	20,975	11,983	1,272	182	114	105	281	612	2,232	5,353	65,680	32,967
Assam	...	...	...	...	13	14	1	...	...	...	...	...	28	...
United Provinces of Agra and Oudh.	10,214	12,148	19,222	15,828	3,960	291	6	21	254	1,796	6,542	10,447	80,729*	(a) 43,487
Punjab	8,906	16,435	36,789	62,907	40,426	14,270	163	65	151	1,961	4,267	5,728	192,068†	(a) 175,645
North-West Frontier Province.	...	...	...	3	...	...	...	...	1	11	34	...	49	4
Punjab Native States (Kapurthala, Patiala, Nabha, Kalsia, Malerkotla, Bhawalpur, Jhind, Nalagarh, Baghat, etc.).	898	1,131	3,530	7,312	4,033	721	53	...	20	92	417	422	18,629	46,890
Jammu and Kashmir State	...	5	77	254	354	87	4	...	24	68	110	70	1,053	5,690
Central Provinces . .	4,310	8,175	8,809	3,234	328	7	2	672	3,762	5,421	8,734	8,060	51,514	4,647
Burma	...	1	3	4	...	...	...	...	...	...	...	1	9‡	...
Madras Presidency . .	3,089	2,554	1,311	247	75	106	391	480	577	921	1,151	2,104	13,006	11,362
Madras Native States .							No	returns.						
Bombay	38,310	38,476	32,188	17,571	3,931	3,268	8,033	17,454	30,489	37,819	29,179	24,451	281,269	184,752
Bombay Presidency Native States.	7,146	9,045	8,605	4,255	1,443	736	1,895	5,601	8,946	13,208	12,800	8,803	82,483	38,590
Baluchistan . . .	...	...	...	1	1	...	...	...	...	...	1	...	3‡	30
Ajmer-Merwara . .	...	...	1	...	...	...	...	6	24	12	5	...	48	1
Rajputana (Marwar State, Jaipur State, Sirohi State, Meywar, Ulwar, Bikaner).	10	84	775	404	44	5	...	2	108	141	317	552	2,442	149
Central India . . .	239	1,471	2,198	1,454	184	4	82	1,652	5,343	5,919	4,219	3,404	26,169	408
Coorg	...	...	...	...	2	16	8	4	10	2	1	2	45	...
Mysore	3,428	2,076	920	321	164	348	1,063	1,880	2,322	3,106	2,229	2,366	20,223	26,301
Bangalore Civil and Military Station.	260	95	64	16	13	10	20	55	85	265	529	625	2,037	4,080
Hyderabad State . .	2,433	4,744	2,662	909	683	3	106	1,377	4,158	3,722	3,241	4,056	28,094	8,934
TOTAL .	89,006	109,248	138,129	126,703	56,926	20,068	11,941	29,374	56,555	75,076	76,008	76,444	865,578	583,937
Calcutta City . . .	245	1,058	3,526	2,596	320	74	52	55	76	71	81	68	8,222	7,883
Bombay City . . .	1,693	3,486	5,858	5,721	1,580	657	347	335	322	262	220	270	20,751	18,694
Madras City . . .	1	1	...	...	...	...	...	...	...	1	...	3	6	3

* 84,499 in Statement No. VI of the Provincial Sanitary Report.
† 205,462 in Statement No. VI of the Provincial Sanitary Report.

‡ All imported cases.
(*a*) These figures do not agree with those given by Provincial Sanitary Commissioners in their annual reports.

STATEMENT NO. I.—*Total Primary and Re-vaccinations, successful cases among the children, cost of the Special Vaccination Department, etc., during the official year 1903-04.*

PROVINCE.	NUMBER OF PERSONS VACCINATED BY THE SPECIAL AND DISPENSARY STAFFS COMBINED.		PERCENTAGE OF SUCCESSFUL CASES TO TOTAL OPERATIONS.		NUMBER OF CHILDREN SUCCESSFULLY VACCINATED BY THE SPECIAL AND DISPENSARY STAFFS COMBINED.		Average number of operations performed by each vaccinator of the Special Staff.	Total cost of the Special Department.	Average cost of each successful case vaccinated by the Special Department.
	Primary.	Revaccinations.	Primary.	Revaccinations.	Under one year.	1 to 6 years.			
								Rs.	Rs. a. p.
Bengal	2,634,563	114,075	98·18	66·40	877,810	1,519,276	978	1,84,988	0 1 1
Assam	273,477	5,325	97·87	81·86	64,415	182,076	988	24,381	0 1 9
United Provinces of Agra and Oudh	1,564,469	102,635	97·83	88·21	965,613	470,477	1,837	1,43,817	0 1 5
Punjab	604,204	80,901	99·13	76·25	472,669	99,624	2,635	92,017	0 2 4
North-West Frontier Province*	93,096	4,914	92·67	79·91	41,315	21,211	2,610	14,484	0 2 6
Central Provinces and Berar	547,812	98,493	98·52	74·32	390,452	123,627	1,988	67,338	0 1 10
Madras Presidency	1,240,655	69,330	89·02	68·95	423,584	544,825	1,529†	2,65,625	0 3 9
Coorg	8,052	1,601	93·47	79·13	840	4,599	1,027	2,667	0 5 0
Bombay Presidency	552,101	35,832	92·51	55·02	419,728	84,302	1,377	2,69,068	0 8 2
Burma	384,722	27,842	84·98	43·65	79,650	182,157	1,780	94,331	0 4 7
Ajmer-Merwara	13,111	88	99·17	82·95	10,213	2,443	880	2,517	0 3 .3
TOTAL	7,916,262	541,036	95·05	68·19	3,746,289	3,234,617	1,458	1,161,233	0 2 5

* 1,166 cases vaccinated in the dispensary have been excluded, the result being not known.

† Excludes average of work done by each Medical Subordinate.

STATEMENT NO. II.—*Vaccination operations performed by the Special and Dispensary Establishments separately, deaths from small-pox, etc., during the official year 1903-04.*

Province.	Population.	NUMBER OF PERSONS VACCINATED (PRIMARY AND RE-VACCINATIONS COMBINED).			Ratio of successful vaccinations per 1,000 of population.	Percentage of annual estimated births at 40 per 1,000 of population successfully vaccinated.	DEATHS FROM SMALL-POX.*	
		By Special Department.	By Dispensary Staff.	Total.			Number.	Ratio per 1,000 of population.
Bengal	74,735,533	2,619,693	128,945	2,748,638	35·62	29·36	30,459	·40
Assam	6,126,343	257,724	21,078	278,802	44·28	26·29	1,111	·21
United Provinces of Agra and Oudh	47,960,667†	1,666,564	540‡	1,667,104	33·20	50·33	21,950	·46
Punjab	20,293,834	685,078	27	685,105	31·15	58·23	15,635	·78
North-West Frontier Province§	2,092,713	98,010	...	98,010	43·10	49·36	2,694	1·35
Central Provinces and Berar	14,627,045	630,199	16,106	646,305	41·07	66·73	2,130	·17
Madras Presidency	38,408,531	1,297,131	12,854	1,309,985	30·00	27·57	15,015	·4
Coorg	180,607	9,245	408	9,653	48·67	11·63	43	·24
Bombay Presidency	21,539,199	586,091	1,842	587,933	24·63	48·72	2,732	·15
Burma	10,477,508	398,634	13,930	412,564	32·36	19·00	1,920	·23
Ajmer-Merwara	476,912	13,199	...	13,199	27·42	53·54	4	·01
TOTAL	236,918,892	8,261,568	195,730	8,457,298	33·32	39·53	93,693	·41

* For the calendar year.

† Includes 16,010 persons enumerated at the Ajodhya fair.

‡ No special vaccinators are attached to dispensaries. Operations performed by Medical Subordinates.

1,166 cases vaccinated in the dispensary have been excluded, the result being unknown.

STATEMENT NO. III.—*The number of persons primarily vaccinated and the number of those who were successfully vaccinated in His Majesty's European and Native Army in India, during 1903.*

—	EUROPEAN ARMY.														NATIVE ARMY.													
	Officers.		Officers' wives.		Officers' children.		Warrant and Non-Commissioned Officers and Men.		Women.		Children.		Total.		European Officers.		European Officers' wives.		European Officers' children.		Native Commissioned, Non-Commissioned Officers and Men.		Women.		Children.		Total.	
	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.
Bengal	...	...	...	...	4	2	...	...	...	...	259	196	263	198	...	...	...	...	14	14	1,831	1,241	131	108	1,480	1,155	3,456	2,518
Punjab	...	...	2	2	1	1	2	2	1	1	262	214	268	220	...	...	...	...	1	1	2,639	2,076	251	196	2,229	1,937	5,120	4,210
Madras	...	...	...	...	1	1	1	1	...	...	187	125	189	127	...	...	...	...	5	5	1,241	791	21	17	772	690	2,039	1,503
Burma	...	...	...	...	1	...	...	...	1	1	45	15	47	16	...	...	...	...	...	...	176	121	14	14	160	121	350	256
Bombay	...	...	...	...	2	1	32	29	...	...	164	110	198	140	...	...	...	...	6	6	883	622	4	4	1,268	1,076	2,161	1,708
INDIA ...	...	...	2	2	9	5	35	32	2	2	917	660	965	701	...	...	...	...	26	26	6,770	4,851	421	339	5,909	4,979	13,126	10,195

ANNUAL RETURNS

OF THE

EUROPEAN ARMY OF INDIA

OF THE

NATIVE ARMY AND OF THE JAIL POPULATION

FOR THE YEAR

1903.

LIBRARY

COMPILED AND SYSTEMATICALLY ARRANGED FROM THE ORIGINAL DOCUMENTS

BY

S. P. JAMES, M.B., CAPTAIN, I.M.S.,

Statistical officer to the Government of India in the Sanitary and Medical Departments

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* Omitted for the present by order of Government.

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NOTE.—In the tables for European troops, Native troops, and for prisoners, the months mentioned are calendar months.

TABLE G.

*Grouping of Diseases in the Main Tables for 1903.**

Head of Disease.	Includes or includes also	
CHOLERA	Choleraic diarrhœa.	
HEAT-STROKE . . .	Sunstroke and Heat-Apoplexy.	
ALCOHOLISM . .	Delirium tremens. Alcoholic Poisoning.	
TUBERCLE OF THE LUNGS .	Tubercular Phthisis, and Hæmoptysis due to tubercle.	
OTHER RESPIRATORY DISEASES.	Includes Hæmoptysis and Cirrhosis of the lung not due to tubercle, and excludes Pneumonia and Tubercular Phthisis.	
ANÆMIA AND DEBILITY .	Old age (Tables for men and women). Immaturity at birth (Tables for children).	
DIARRHŒA	Epidemic Diarrhœa.	
HEPATIC CONGESTION AND INFLAMMATION.	Congestion of liver, Hepatitis, Perihepatitis; but excludes Cirrhosis of liver.	
VENEREAL DISEASES . .	Primary syphilis, Secondary syphilis; Gonorrhœa, and Soft Chancre, which include also their sequelæ.	
GUINEA-WORM AND OTHER ENTOZOA . . .	The entozoa numbered from 1 to 56, 67 to 81: also Nos. 105 and 106.	
PHAGEDÆNA, SLOUGH, AND GANGRENE.	Nomenclature of 1896, Nos. 25 *a* and *b*, 800, and 847.	These two headings appear only in jail tables.
ABSCESS, ULCER, AND BOIL .	Nomenclature of 1896, Nos. 799, 843, and 845.	
ABORTION AND PUERPERAL AFFECTIONS.	Nomenclature of 1896, Nos. 700 and 706 to 718, and any other diseases stated by medical officers to have been puerperal.	
OTHER DISEASES PECULIAR TO WOMEN.	Nomenclature of 1896, No. 426, Vomiting of Pregnancy, Nos. 632 to 699, 701 to 705, and 719 to 730.	

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* For details of individual diseases, see Table LIII.

I.—EUROPEAN TROOPS, 1903.

A. MEN.

TABLE D.

STATIONS by COMMANDS.

STATIONS.	Height above sea level in feet.*	Authority for height.†
BENGAL :—		
Fort William (Calcutta)	17	S. G.
Fort Fulta	18	,,
Fort Chingrikhal	...	...
Dum-Dum	...	...
Barrackpore	24	S. G.
Dinapore	...	...
Benares	256	S. G.
Allahabad	298	,,
Fort Allahabad	298	,,
Fyzabad	336	,,
Sitapur	449	,,
Lucknow	400	,,
Cawnpore	417	,,
Fatehgarh	444	I. B.
Shahjahanpur	507	S. G.
Bareilly	560	,,
Roorkee	884	,,
Meerut	739	,,
Delhi	715	,,
Muttra	576	,,
Agra	554	,,
Jhansi	860	,,
Nowgong	770	I. B.
Saugor	1,753	S. G.
Jubbulpore	1,306	,,
‡ Ranikhet	5,983	,,
‡ Chaubuttia	6,942	,,
‡ Chakrata	6,885	,,
‡ Lebong	6,000	I. B.
Darjeeling Convalescent Depôt.	7,168	S. G.
Naini Tal ,,	6,400	,,
Landour ,,	7,362	,,
Pachmarhi Sanitarium	3,481	,,
PUNJAB :—		
Umballa	902	S. G.
Jullundur	900	,,
PUNJAB :—*contd.*		
Ferozepore	645	S. G.
Amritsar	756	,,
Meean Meer	706	,,
Fort Lahore	706	,,
Sialkot	829	,,
Rawalpindi	1,707	,,
Campbellpur	1,200	M. O.
Attock	891	S. G.
Nowshera	1,100	M. O.
Peshawar	1,165	S. G.
Mooltan	402	,,
‡ Solon	5,166	,,
‡ Dagshai	5,982	,,
‡ Subathu	4,124	,,
‡ Jutogh	6,371	,,
‡ Khyragully	8,746	,,
‡ Baragully	7,800	M. O.
‡ Kuldunnah	7,049	S. G.
‡ Kalabagh	7,936	I. B.
‡ Camp Gharial	5,112	S. G.
‡ ,, Thobba	7,133	I. B.
‡ ,, Upper Topa	7,000	M. O.
‡ ,, Lower Topa	7,320	I. B.
‡ Khanspur	7,500	M. O.
‡ Cherat	4,520	S. G.
Kasauli Convalescent Depôt	5,971	,,
Dalhousie ,, ,,	6,732	,,
Murree ,, ,,	7,098	,,
MADRAS :—		
Secunderabad	1,732	S. G.
Belgam	2,473	,,
Cannanore	47	,,
Calicut	27	M. D.
Mallapuram	500	M. O.
Bellary	1,483	S. G.
Bangalore	3,021	,,
Trichinopoly	274	,,
MADRAS :—*contd.*		
St. Thomas' Mount	250	S. G.
Madras	15	,,
‡ Ramandrug	3,150	,,
‡ Wellington	6,160	,,
Poonamallee Depôt	50	M. O
BURMA :—		
Port Blair	85	S. G.
Rangoon	14	,,
Thayetmyo	145	,,
Meiktila	298	,,
Fort Dufferin (Mandalay)	249	,,
Shwebo	600	M. O.
Bhamo	351	S. G.
‡Maymyo	3,600	,,
BOMBAY :—		
Hyderabad	134	I. B.
Kurrachee	28	S. G.
Deesa	468	,,
Ahmedabad	170	,,
Neemuch	1,613	,,
Nasirabad	1,461	,,
Indore	1,806	,,
Mhow	1,903	,,
Kamptee	941	,,
Sitabaldi	1,236	,,
Satara	2,183	,,
Poona	1,909	,,
Kirkee	1,837	,,
Ahmednagar	2,125	,,
Colaba (Bombay)	20	,,
Quetta	5,511	,,
Taragarh Sanitarium	2,855	,,
Mount Abu ,,	3,960	,,
Purandhur ,,	4,564	,,
Khandalla ,,	2,000	M. O.
Deolali Depôt	1,829	S. G.
Aden	26	,,

---

* These heights are usually those of the survey-marks or of the mercury-surface in barometer-cisterns of meteorological observatories.

† S. G. = Surveyor-General of India ; I. B. = Intelligence Branch of the Quarter-Master-General's Department ; M. D. = Meteorological Department ; M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.

‡ These are the official "Hill Stations."

TABLE I.

RATIOS OF COMMANDS.

The ratios of admissions and deaths to strength are taken from Table III. The actuals will be found in Table IV.

	Ratios per 1,000 of the average strength.					
	Bengal Command.	Punjab Command.	Madras Command.	Burma District.	Bombay Command.	India.*
I.—Strength	21,860	17,997	9,375	3,616	15,990	70,445
II.—† Constantly-sick-rate of each month—						
January	74·4	69·4	73·8	93·2	62·6	63·7
February	64·9	53·4	76·6	75·9	59·2	61·6
March	63·0	47·4	74·0	74·1	63·3	60·2
April	63·8	48·5	69·6	77·7	61·7	60·4
May	65·1	52·8	68·5	66·6	60·5	61·1
June	64·9	56·4	73·9	67·2	60·5	62·9
July	66·5	58·7	76·3	80·3	60·5	65·0
August	64·1	58·4	74·9	80·8	67·5	65·6
September	60·1	55·6	75·3	72·7	72·4	64·0
October	58·4	57·2	77·3	66·2	73·6	64·6
November	59·6	64·0	73·1	60·8	72·6	65·4
December	57·4	59·7	66·0	63·5	61·4	60·2
Of the Year	63·4	56·5	73·3	73·0	64·7	62·9
III.—Admission-rate of the year—						
Influenza	5·5	·4	3·6	2·5	1·4	3·1
Cholera	1·7	2·2	...	·3	·2	1·1
Small-pox	1·9	·8	...	...	·4	1·0
Enteric Fever	22·6	19·8	11·3	7·7	23·1	19·6
Intermittent Fever	188·6	312·1	135·1	210·7	307·8	242·6
Remittent Fever	3·6	4·8	3·9	12·4	2·1	4·0
Simple Continued Fever	23·7	21·1	12·8	15·5	14·1	18·5
Tubercle of the lungs	2·2	3·0	3·5	3·6	5·5	3·4
Pneumonia	4·4	4·8	3·0	1·7	4·9	4·6
Other Respiratory Diseases	20·3	18·0	20·5	32·6	21·0	20·5
Dysentery	20·2	10·6	18·3	24·6	14·3	16·9
Diarrhœa	14·1	15·8	9·0	16·0	12·4	13·5
Hepatic Abscess	3·3	1·7	1·1	2·5	2·9	2·4
,, Congestion and Inflammation	12·8	10·1	11·9	8·0	13·3	11·8
Venereal Diseases	251·1	176·1	334·7	346·2	259·6	247·0
All Causes	977·4	1,007·2	1,070·8	1,172·0	1,115·2	1,033·4
IV.—Death-rate of the year—						
Cholera	1·10	1·72	...	·28	·06	·81
Small-pox	·23	·11	...	...	·06	·11
Enteric Fever	4·39	4·39	2·77	3·04	4·63	4·19
Intermittent Fever	·09	·33	·21	1·38	·31	·34
Remittent Fever	·05	·11	·11	1·38	·06	·14
Simple Continued Fever	...	...	...	...	·06	·01
Heat-stroke	·87	·67	·21	...	1·25	·77
Circulatory Diseases	·59	·89	·64	·28	1·06	·77
Tubercle of the lungs	·27	·11	...	·28	·50	·24
Pneumonia	·73	·33	·11	·83	·50	·57
Other Respiratory Diseases	·41	·06	...	·28	·19	·21
Dysentery	·73	·44	·53	2·21	·25	·70
Diarrhœa	...	...	...	...	...	...
Hepatic Abscess	2·20	·83	·96	1·38	·88	1·29
All Causes	15·46	12·56	7·79	13·00	12·32	13·05
V.—Percentage in 100 admissions—						
Influenza	·56	·04	·34	·21	·12	·30
Cholera	·17	·22	...	·02	·02	·11
Small-pox	·19	·08	...	...	·04	·09
Enteric Fever	2·31	1·97	1·06	·66	2·07	1·90
Intermittent Fever	19·30	30·99	12·62	17·98	27·60	23·48
Remittent Fever	·37	·47	·37	1·06	·19	·39
Simple Continued Fever	2·43	2·09	1·20	1·32	1·26	1·79
Tubercle of the lungs	·22	·30	·33	·31	·49	·33
Pneumonia	·45	·47	·28	·14	·44	·44
Other Respiratory Diseases	2·07	1·79	1·91	2·78	1·88	1·99
Dysentery	2·06	1·05	1·71	2·10	1·28	1·64
Diarrhœa	1·45	1·57	·84	1·37	1·12	1·30
Hepatic Abscess	·34	·17	·10	·21	·26	·23
,, Congestion and Inflammation	1·31	1·00	1·12	·68	1·19	1·14
Venereal Diseases	25 69	17·49	31·26	29·54	23·28	23·90
VI.—Percentage in 100 deaths—						
Cholera	7·1	13·7	...	2·1	·5	6·2
Small-pox	1·5	·9	...	...	·5	·9
Enteric Fever	28·4	35·0	35·6	23·4	37·6	32·1
Intermittent Fever	·6	2·7	2·7	10·6	2·5	2·6
Remittent Fever	·3	·9	1·4	10·6	·5	1·1
Simple Continued Fever	...	...	...	...	·5	·1
Heat-stroke	5·6	5·3	2·7	...	10·2	5·9
Circulatory Diseases	3·8	7·1	8·2	2·1	8·6	5·9
Tubercle of the lungs	1·8	·9	...	2·1	4·1	1·8
Pneumonia	4·7	2·7	1·4	6·4	4·1	4·4
Other Respiratory Diseases	2·7	·4	...	2·1	1·5	1·6
Dysentery	4·7	3·5	6·8	17·0	2 0	5·3
Diarrhœa	...	...	...	...	...	...
Hepatic Abscess	14·2	6·6	12·3	10·6	7·1	9·9

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* Including Delhi Manœuvres and Durbar Force and Aden Column Field Force. For complete detail of diseases, see Table LIII.

† Worked on the aggregates.

EUROPEAN TROOPS, 1903.

TABLE II.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table III. The actuals will be found in Table IV.

	Ratios per 1,000 of the Average Strength.												
	I	II	IV	V	VI	VII	VIII	IX	X	XI	XII*a*	XII*b*	
	Burma Coast and Bay Islands.	Burma Inland.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	S.-E. Rajputana, Central India, and Gujarat.	Deccan.	Western Coast.	Southern India.	Hill Stations.	Hill Convalescent Depôts, and Sanitaria.	India.*
I.—Strength	975	2,408	1,912	6,831	13,261	4,742	6 097	10,262	1,672	3,573	9,921	3,673	70,445
II.—†Constantly-sick-rate of each month—													
January	90·0	94·7	79·4	83·8	75·0	66·2	8·3	59·2	59·2	72·7	67·0	89·0	63·7
February	96·7	68·1	72·3	82·6	58·5	56·4	69·2	65·2	64·2	83·3	47·1	57·9	61·6
March	104·6	67·2	87·6	70·6	56·3	43·2	60·4	61·4	69·5	78·2	45·3	58·7	60·2
April	120·8	75·4	66 6	69·9	59·8	44·7	69·7	58·7	59·4	68·6	45·0	63·9	60·4
May	99·3	60·0	67·3	71·0	61·6	56·5	76·7	56·5	54·0	71·5	45·6	66·4	61·1
June	100·3	55·0	58·6	71·8	61·2	57·9	70 9	62·7	55·9	75·4	48·6	67·3	62·9
July	118·4	65.3	63·7	70·5	59·7	59·2	70·5	66·7	63·1	83·1	49·1	72·7	65·0
August	115·9	65·2	83·1	63·5	58·0	65·3	64·9	72·5	65·9	82·7	50·4	74·0	65·6
September	98·3	61·1	84·2	56·2	64·7	61·0	71·5	73·0	67·9	79·0	47·7	68·1	64·0
October	101·5	51·0	90·7	55·6	64·4	60·7	79·4	76·8	61·8	72·3	49·3	68·2	64·6
November	94·4	56·2	80·6	55·6	65·6	59·1	87·3	72·7	62·0	68·3	59·9	78·7	65·4
December	100·1	61·8	77·5	54·6	68·1	58·5	73·6	68·6	47·6	54·0	54·6	79·4	60·2
Of the Year	103·4	64·6	76·0	66·8	62·7	56·9	73·2	66·1	60·7	73·9	49·1	69·3	62·9
III.—Admission-rate of the Year—													
Influenza	3·1	1·7	23·0	1·8	1·0	...	·2	3·0	·6	8·7	4·9	·8	3·1
Cholera	...	·4	4·2	·6	2·6	1·1	...	...	...	...	2·6	·8	1·1
Small-pox	...	...	·5	4·4	·5	1·7	·8	·2	1·8	...	·2	...	1·0
Enteric Fever	9·2	7·5	4·2	25·9	27·5	14·6	41·3	17·5	2·4	16·0	13·5	12·3	19·6
Intermittent Fever	261·5	171·9	208·2	147·6	319·8	403·4	441·0	217·3	126·8	95·4	109·7	185·7	242·6
Remittent Fever	31·8	2·5	6·8	2·2	3·1	11·2	4·8	4·2	1·2	·3	1·8	4·9	4·0
Simple Continued Fever	13·3	17·9	16·2	46·1	16·2	40·3	13·8	12·8	3·6	17·6	14·8	7·9	18·5
Rheumatic Fever	...	·4	...	·3	·4	1·3	·2	·8	...	·8	·5	·8	·5
Tubercle of the lungs	4·1	3·7	1·6	1·8	3·5	1·1	1·8	3·0	5·4	2·5	2·2	6·5	3·4
Pneumonia	1·0	1·7	5·2	2·8	6·1	4·0	5·4	3·0	5·4	3·9	4·3	3·3	4·6
Other Respiratory Diseases	53·3	26·6	30·9	20·6	17·1	16·2	16·7	19·0	16·1	17·9	23·1	25·3	20·5
Dysentery	65·6	9·1	32·9	18·0	14·7	8·0	21·5	13·4	9·6	15·1	11·0	19·3	16·9
Diarrhœa	35·9	9·1	12·6	8·5	17·4	7·6	15·4	9·4	6·6	8·1	19·2	21·5	13·5
Hepatic Abscess	5·1	1·7	5·2	3·7	1·8	·8	5·1	1·0	·6	1·4	2·1	2·7	2·4
Hepatic Congestion and Inflammation	7·2	8·3	13·1	10·8	11·5	8·4	9·8	11·5	13·8	9·8	14·7	18·5	11·8
Venereal Diseases	517·9	290·3	404·3	236·7	198·2	172·9	252·6	344·4	325·4	340·3	169·0	253·5	247·0
All Causes	1,667·7	1,004·6	1,225·9	946·9	1,044·4	1,098·1	1,314·9	1,090·4	899·5	1,092·9	744·4	1,027·2	1,033·4
IV.—Death-rate of the Year—													
Cholera	...	·42	2·62	·29	1·89	1·05	...	...	...	...	1·71	·54	·81
Small-pox	...	...	...	·73	...	·42	...	...	...	...	...	...	·11
Enteric Fever	2·05	3·74	·52	4·83	6·11	4·43	8·53	3·90	1·20	4·48	1·71	2·72	4·19
Intermittent Fever	...	1·25	...	·29	·38	...	·33	·10	...	·28	·20	·27	·34
Remittent Fever	...	1·66	·52	...	·15	...	·16	·10	...	...	·10	...	·14
Simple Continued Fever	...	...	...	...	...	·21	...	...	...	...	...	...	·01
Heat-stroke	...	...	...	1·46	·98	1·69	2·13	·19	·60	·28	·10	...	·77
Circulatory Diseases	...	·42	·52	·44	·91	·21	1·31	·68	1·79	·56	1 01	·54	·77
Tubercle of the lungs	...	·42	...	·29	·23	...	·16	·39	·60	...	·10	·27	·24
Pneumonia	...	·83	1·57	·59	·60	...	·82	·10	·60	...	·60	·54	·57
Other Respiratory Diseases	1·03	...	...	·59	...	...	·66	·10	...	...	...	·54	·21
Dysentery	8·21	...	1·05	·59	·60	·21	1·48	·19	...	·56	·20	·82	·70
Diarrhœa	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess	3·08	·83	3·66	3·07	1·06	·21	1·64	·68	...	1·12	1·01	2·18	1·29
All Causes	15·38	11·63	15·17	16·98	15·47	11·60	20·01	8·97	8·37	9·80	8·87	10·89	13·05
V.—Percentage in 100 admissions—													
Influenza	·18	·17	1·88	·19	·09	...	·01	·28	·07	·79	·66	·08	·30
Cholera	...	·04	·34	·06	·25	·10	...	...	...	...	·35	·08	·11
Small-pox	...	...	·04	·46	·05	·15	·06	·02	·20	...	·03	...	·09
Enteric Fever	·55	·74	·34	2·74	2·64	1·33	3·14	1·61	·27	1·46	1·81	1·19	1·90
Intermittent Fever	15·68	17·11	16·98	15·58	30·62	36·74	33·54	19·93	14·10	8·73	14·73	18·08	23·48
Remittent Fever	1·91	·25	·55	·23	·30	1·02	·36	·38	·13	·03	·24	·48	·39
Simple Continued Fever	·80	1·78	1·32	4·87	1·55	3·67	1·05	1·17	·40	1·61	1·99	·77	1·79
Rheumatic Fever	...	·04	...	·03	·04	·12	·01	·07	...	·08	·07	·08	·05
Tubercle of the lungs	·25	·37	·13	·19	·34	·10	·14	·28	·60	·23	·30	·64	·33
Pneumonia	·06	·17	·43	·29	·59	·36	·41	·27	·60	·36	·58	·32	·44
Other Respiratory Diseases	3·20	2·65	2·52	2·18	1·63	1·48	1·27	1·74	1·80	1·64	3·10	2·46	1·99
Dysentery	3·94	·91	2·69	1·90	1·41	·73	1·63	1·23	1·06	1·38	1·48	1·88	1·64
Diarrhœa	2·15	·91	1·02	·90	1·66	·69	1·17	·86	·73	·74	2·57	2·09	1·30
Hepatic Abscess	·31	·17	·43	·39	·17	·08	·39	·09	·07	·13	·28	·27	·23
Hepatic Congestion and Inflammation	·43	·83	1·07	1·14	1·10	·77	·75	1·05	1·53	·90	1·98	1·80	1·14
Venereal Diseases	31·06	28·90	32·98	25·00	18·97	15·75	19·21	31·58	36·17	31·14	22·71	24·68	23·90
VI.—Percentage in 100 deaths—													
Cholera	...	3·6	17·2	1·7	12·2	9·1	...	...	...	...	19·3	5·0	6·2
Small-pox	...	...	...	4·3	...	3·6	...	...	...	...	...	...	·9
Enteric Fever	13·3	32·1	3·4	28·4	39·5	38·2	42·6	43·5	14·3	45·7	19·3	25·0	32·1
Intermittent Fever	...	10·7	...	1·7	2·4	...	1·6	1·1	...	2·9	2·3	2·5	2·6
Remittent Fever	...	14·3	3·4	...	1·0	...	·8	1·1	...	...	1·1	...	1·1
Simple Continued Fever	...	...	...	...	...	1·8	...	...	...	...	..	...	·1
Heat-stroke	...	...	...	8·6	6·3	14·5	10·7	2·2	7·1	2·9	1·1	...	5·9
Circulatory Diseases	...	3·6	3·4	2·6	5·9	1·8	6·6	7·6	21·4	5·7	11·4	5·0	5·9
Tubercle of the lungs	...	3·6	...	1·7	1·4	...	·8	4·3	7·1	...	1·1	2 5	1·8
Pneumonia	...	7·1	10·3	3·4	3·9	...	4·1	1·1	7·1	...	6·8	5·0	4·4
Other Respiratory Diseases	6·7	...	...	3·4	...	...	3·3	1·1	...	...	...	5·0	1·6
Dysentery	53·3	...	6·9	3·4	3·9	1·8	7·4	2·2	...	5·7	2·3	7·5	5·3
Diarrhœa	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess	20·0	7·1	24·1	18·1	6·8	1·8	8·2	7·6	...	11·4	11·4	20·0	9·9

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* For complete detail of deceases, see Table LIII.

† Worked on the aggregates.

TABLE III.

RATIOS of STATIONS, GROUPS, and COMMANDS. For actuals see Table IV

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE. 2. DEATH-RATE.																							
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Port Blair .	139	...	...	...	...	143'9	194'2	21'6	...	...	7'2	...	...	...	...	...	...	7'2	165'5	812'9	39'6	...	7'2	14'4	143'9
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Rangoon .	836	3'6	...	...	10'8	281'1	4'8	12'0	...	1'2	6'0	4'8	1'2	62'2	76'6	41'9	6'0	7'2	576'6	1,809'8	114 0	71'8	153'1	120'8	230'9
		...	...	...	2'39	...	...	...	...	...	...	...	...	1'20	9'57	...	3'59	...	...	17'94		...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS.	* 975	3'1	...	...	9'2	261'5	31'8	13'3	...	1'0	6'2	4'1	1'0	53'3	65'6	35'9	5'1	7'2	517'9	1,667'7	† 103'4	61'5	132'3	105'6	218'5
		...	...	...	2'05	...	...	...	...	...	...	...	...	1'03	8'21	...	3'08	...	...	15'38		...	...	...	...
Thayetmyo	607	6'6	...	...	6'6	126'9	3'3	28'0	...	...	18'1	6'6	...	16'5	6'6	8'2	...	1'6	385'5	962'1	57'3	41'2	120'3	102'1	121'9
		...	...	...	4'94	...	1'65	...	...	...	...	1'65	...	...	...	...	...	...	...	13'18		...	...	...	...
Meiktila .	404	...	...	...	7'4	14'9	...	59'4	...	2'5	34'7	2'5	2'5	34'7	7'4	4'9	2'5	14'9	321'8	948'0	81'7	12'4	111'4	56'9	141'1
		...	...	...	...	...	...	...	...	...	...	...	2'48	...	...	..	2'48	...	...	4'95		...	...	...	...
Fort Dufferin	666	...	...	...	7'5	198'2	1'5	...	1'5	...	10'5	4'5	1'5	12'0	12'0	19'5	1'5	3'0	249'2	852'9	59'6	10'5	93'1	66'1	79'6
		...	...	...	3'01	4'51	1'50	...	...	...	1'50	...	...	...	...	...	1'50	...	...	13'52		...	...	...	...
Shwebo .	492	...	2'0	...	4'1	69'1	4'1	4'1	...	2'0	22'4	...	4'1	58'9	12'2	...	4'1	18'3	229'7	1,111'8	69'4	36'6	34'6	79'3	79'3
		...	2'03	...	4'07	...	2'03	...	...	...	...	...	2'03	...	...	...	...	...	...	10'16		...	...	...	...
Bhamo .	239	...	...	...	16'7	690'4	4'2	...	...	...	4'2	4'2	...	12'6	4'2	8'4	...	8'4	234'3	1,410'0	58'0	29'3	75'3	71'1	58'3
		...	...	...	8'37	...	4 18	...	...	...	...	...	...	...	...	...	...	4'18	...	16'74		...	...	...	...
GROUP II.—BURMA INLAND.	* 2,408	1'7	'4	...	7'5	171'9	2'5	17'9	'4	'8	18'3	3'7	1'7	26'6	9'1	9'1	1'7	8'3	290'3	1,004'6	† 64'6	25'7	89'3	76'8	98'4
		...	'42	...	3'74	1'25	1'66	...	...	...	'42	'42	'83	...	...	...	'83	'42	...	11'63		...	...	...	...
Fort William	1,314	16'7	6'1	...	2'3	146'9	...	12'2	...	'8	8'4	2'3	6'8	32'0	12'9	9'9	1'5	6'8	446'7	1,121 0	75'6	9'9	210'0	38'8	188'0
		...	3'81	..	...	...	'76	...	...	...	'76	...	1'52	...	'76	...	'76	...	...	13'70		...	...	...	...
„ Fulta	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	384'6	769'2	2'3	76'9	76'9	769	153'8
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
„ Chingrikhal.	46	...	...	...	...	87'0	43'5	...	...	...	...	...	...	...	87'0	...	...	...	282'6	608'7	2'4	...	173'9	1'7	87'0
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Dum-Dum .	314	3'2	...	3'2	...	277'1	12'7	12'7	...	3'2	9'6	...	3'2	28'7	25'5	9'6	3'2	19'1	302'5	1,203'8	69'6	12'7	98'7	57'3	133'8
		...	...	...	...	...	...	...	...	...	...	...	3'18	...	...	...	6'37	...	...	12'74		...	...	...	...
Barrackpore	225	93'3	...	...	22'2	506'7	31'1	48'9	...	4'4	8'9	...	...	35'6	151'1	35'6	31'1	44'4	324'4	2,022'2	106'4	17'8	120'0	40'0	146'7
		...	...	...	4'44	...	...	...	...	...	...	...	...	...	4'44	...	17'78	...	...	31'11		...	...	...	...
GROUP IV.—BENGAL AND ORISSA.	* 1,912	23'0	4'2	'5	4'2	208'2	6'8	16'2	...	1'6	8'4	1'6	5'2	30'9	32'9	12'6	5'2	13'1	404'3	1,225'9	† 76'0	11'5	179'4	41'8	171'5
		...	2'62	...	'52	...	'52	...	...	...	'52	..	1'57	...	1'05	...	3'66	...	...	15'17		...	...	...	...
B																									
Dinapore .	563	...	3'6	1'8	49'7	264'7	...	23'1	...	3'6	10'7	1'8	1'8	17'8	17'8	23'1	8'9	30'2	270'0	1,188'3	79'2	7'2	83'5	44'	135'0
		...	1'78	...	14'21	1'78	...	...	...	1'78	...	...	...	...	1'78	...	7'10	...	1'78	39'08		...	...	1'78	...
Benares .	192	...	...	...	10'4	286'5	...	46'9	...	5'2	20'8	...	...	15'6	5'2	...	...	...	338'5	1,192'7	66'2	26'0	10'4	52'1	250'0
		...	...	...	...	...	...	...	...	5'21	...	...	...	...	...	...	5'21	...	...	10'42		...	...	...	...
Allahabad .	622	...	...	4'8	11'3	254'0	3'2	4'8	3'2	9'6	16'1	...	8'0	14'5	12'9	3'2	4'8	1'6	276'5	977'5	76'5	16'1	93'2	32'2	135'0
		...	...	...	6'43	...	...	...	1'61	3'22	1'61	...	1'61	...	...	...	4'82	...	...	22'51		...	...	...	...
Fort Allahabad.	186	...	...	...	5'4	258'1	16'1	96'8	...	...	10'8	10'8	...	21'5	26'9	...	...	...	166'7	1,010'8	57'7	16'1	53'8	16'1	80'6
		...	...	...	5'38	5'38	..	...	...	...	...	...	...	...	...	...	...	...	...	10'75		...	...	...	...
Fyzabad .	992	...	1'0	1'0	20'2	67'5	1'0	47'4	...	6'0	3'0	3'0	2'0	15'1	19'2	12'1	2'0	9'1	286'3	926'4	70'7	66'5	52'4	34'3	133'1
		...	1'01	1'01	4'03	...	...	...	...	2'02	...	...	...	1'01	...	...	2'02	1'01	1'01	16'13		...	...	1'01	...
Sitapur .	636	4'7	...	...	6'3	70'8	...	55'0	...	1'6	6'3	...	3'1	22'0	4'7	4'7	1'6	3'1	128'9	639'9	38 8	7'9	31'4	26'7	62'9
		...	...	...	3'14	...	...	...	...	1'57	...	1'57	...	1'57	...	...	...	..	...	7'86		...	...	...	...
Lucknow .	2,496	2'4	...	8'8	37'7	104'2	...	48'5	...	16'4	7'2	'8	2'4	24'8	20'0	4'0	3'6	10'4	220'0	853'8	68'4	20'4	51'3	20'0	128'2
		...	...	1'60	4'81	...	...	...	...	'80	'40	...	'40	'80	'40	...	2'40	...	...	12'82		...	...	...	...
Cawnpore .	988	3'0	1'0	2'0	21'3	192'3	8'1	56'7	..	14'2	5'1	3'0	3'0	23'3	23'3	17'2	4'0	13'2	233'8	1,165'0	69'0	30'4	32'4	30'4	140'7
		...	...		2'02	...	...	...	...	1'01	1'01	1'01	2'02	...	2'02	...	4'05	...	1'01	22'27		...	...	1'01	...
Fatehgarh .	156	...	...	6'4	...	230'8	6'4	83'3	...	...	...	6'4	...	6'4	25'6	6'4	6'4	38'5	326'9	1,064'1	46'0	12'8	89'7	12'8	211'5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6'41	...	...	6'41		...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	* 6,831	1'8	'6	4'4	25'9	147'6	2'2	46'1	'3	10'4	7'6	1'8	2'8	20'6	18'0	8'5	3'7	10'	236'7	946'9	† 66'8	25'8	53'1	28'0	129'8
		...	'29	'73	4'83	'29	...	...	'15	1'46	'44	'29	'59	'59	'59	...	3'07	'15	'44	16'98		...	...	'44	...

* Derived from the aggregates. † Worked on the aggregates.

TABLE III—*continued.*

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table IV.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE. 2. DEATH-RATE.																			CONSTANTLY SICK.				
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.		Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
A Shahjahanpur.	532	...	...	...	15·0	63·9	9·4	26·3	...	11·3	...	5·6	3·8	26·3	11·3	...	...	5·6	210·5	599·6	44·8	18·8	20·7	37·6	133·5
		...	...	...	...	...	...	...	...	...	...	1·88	...	...	...	...	...	...	...	1·88		...	...	...	...
Bareilly	1,255	·8	...	3·2	8·8	105·2	4·8	30·3	...	3·2	14·3	1·6	4·0	12·7	27·1	16·7	1·6	14·3	270·9	907·6	62·3	64·5	30·3	40·6	135·5
		...	...	...	·80	...	...	...	...	...	·80	...	...	...	·80	...	·80	...	...	3·98		...	...	...	...
Roorkee	330	12·1	...	...	21·2	457·6	21·2	...	...	3·0	15·2	6·1	6·1	...	...	...	3·0	3·0	169·7	9.7·0	75·8	6·1	48·5	24·2	90·9
		...	...	...	6·06	...	...	...	...	3·03	...	3·03	...	...	3·03	...	...	...	...	15·15		...	...	...	...
Meerut	1,985	2·0	...	...	50·4	189·4	1·0	4·0	·5	13·6	12·6	1·5	8·1	15·6	26·2	11·6	2·5	15·1	165·7	918·5	66·8	14·6	32·7	38·8	79·6
		...	...	...	11·59	...	...	...	...	1·51	·50	·50	·50	...	...	...	2·02	...	·50	19·65		...	...	·50	...
Delhi.	298	...	...	...	23·5	412·8	10·1	6·7	6·7	20·1	16·8	3·4	10·1	13·4	6·7	...	...	20·1	198·0	1,067·1	66·1	20·1	90·6	36·9	50·3
		...	...	...	10·07	...	...	...	...	3·36	...	...	6·71	...	...	...	3·36	...	...	40·27		...	...	...	...
Umballa	2,164	1·4	3·7	...	49·4	239·4	4·2	12·9	...	10·6	7·4	1·4	7·9	11·6	7·9	31·9	2·3	9·2	201·5	1,008·8	65·3	41·1	39·3	36·5	84·6
		...	2·77	...	9·70	...	·92	...	...	1·39	·46	...	·92	...	...	...	1·39	...	...	18·95		...	...	...	...
B Jullundur	491	...	2·0	...	...	215·9	...	44·8	...	4·1	34·6	6·1	2·0	16·3	4·1	20·4	6·1	8·1	222·0	1,032·6	59·7	34·6	32·6	48·9	105·9
		...	...	...	...	...	...	...	...	...	2·04	...	...	...	...	...	...	...	...	4·07		...	...	...	...
Ferozepore.	864	...	...	...	4·6	555·6	...	3·5	...	6·9	22·0	2·3	2·3	24·3	9·3	18·5	...	4·6	278·9	1,236·9	62·4	50·9	15·0	78·7	134·3
		...	...	...	1·16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·63		...	...	...	...
Amritsar	181	...	...	...	16·6	1,055·2	...	...	...	5·5	27·6	...	...	11·0	16·6	5·5	...	...	187·8	1,524·9	42·9	27·6	27·6	55·2	77·3
		...	...	...	5·52	...	...	...	...	...	5·52	...	...	...	5·52	...	...	...	...	27·62		...	...	...	...
Meean Mee	843	...	15·4	3·6	19·0	1,005·9	...	60·5	...	7·1	24·9	7·1	10·7	32·0	14·2	5·9	1·2	30·8	191·0	1,772·2	78·1	29·7	27·3	46·3	87·8
		...	13·05	...	5·93	3·56	...	...	...	2·37	1·19	...	...	...	5·93	...	...	...	...	36·77		...	...	...	...
Fort Lahore	112	...	...	...	8·9	1,107·1	...	...	...	17·9	...	...	8·9	17·9	26·8	26·8	...	8·9	160·7	1,839·3	59·1	8·9	80·4	8·9	62·5
		...	...	...	...	...	...	...	...	17·86	...	...	...	...	...	...	...	...	...	17·86		...	...	...	...
Sialkot	1,195	...	8·4	...	32·6	174·9	2·5	3·3	...	·8	13·4	11·7	·8	7·5	9·2	41·8	...	15·1	127·2	910·5	53·0	8·4	31·0	22·6	65·3
		...	5·02	...	10·04	...	...	...	...	·84	·84	...	...	...	...	...	...	...	...	18·41		...	...	...	...
Rawalpindi.	2,560	...	·8	...	23·0	336·3	·8	5·1	·4	1·6	12·9	2·7	5·5	25·4	16·0	12·5	2·7	6·3	209·8	1,069·9	65·1	30·1	50·8	39·1	89·8
		...	·78	...	4·69	·78	...	...	·39	...	1·56	...	·39	...	...	...	1·56	...	...	12·50		...	...	...	...
Campbellpur	229	4·4	...	...	4·4	253·3	13·1	135·4	4·4	...	13·1	4·4	...	8·7	...	...	...	4·4	87·3	869·0	34·7	17·5	17·5	17·5	34·9
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Attock	224	...	...	...	8·9	120·5	4·5	4·5	...	...	4·5	...	35·7	...	17·9	...	...	17·9	98·2	567·0	33·6	4·5	22·3	31·3	40·2
		...	...	...	...	...	...	...	...	...	4·46	...	8·93	...	...	...	4·46	...	...	17·86		...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA.	* 13,261	1·0	2·6	·5	27·5	319·8	3·1	16·2	·4	6·7	13·9	3·5	6·1	17·1	14·7	17·4	1·8	11·5	198·2	1,044·4	† 62·7	30·3	36·5	39·7	91·7
		...	1·89	...	6·11	·38	·15	...	·08	·98	·91	·23	·60	...	·60	...	1·06	..	·08	15·47		...	...	·08	...
A Nowshera	653	...	...	...	12·3	263·4	10·7	...	...	4·6	10·7	...	10·7	9·2	4·6	1·5	...	1·5	119·4	701·4	41·3	24·5	7·7	16·8	70·4
		...	...	...	4·59	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6·13		...	...	...	...
Peshawar	1,625	...	3·1	4·3	33·8	546·5	27·7	·6	3·1	3·1	22·8	2·5	3·7	19·1	9·8	9·8	1·2	9·2	92·3	1,218·5	53·3	1·8	32·6	24·6	33·2
		...	3·08	1·23	9·85	...	...	...	...	1·85	·62	...	...	...	·62	...	...	...	...	22·15		...	...	...	...
Mooltan	825	...	...	1·2	2·4	236·4	...	226·7	1·2	9·7	3·6	1·2	7·3	21·8	4·8	14·5	1·2	2·4	225·5	1,263·0	61·5	57·0	49·7	36·4	82·4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1·21	...	...	4·85		...	...	...	...
C Hyderabad	483	...	...	...	2·1	441·0	2·0	2·0	...	4·1	22·8	...	...	12·4	16·6	8·3	...	14·5	267·1	1,089·0	61·9	64·2	20·7	29·0	153·2
		...	...	...	2·07	...	...	2·07	...	4·14	...	...	...	...	...	...	...	...	2·07	10·35		...	...	2·07	...
Kurrachee.	1,154	...	...	...	2·6	385·6	...	1·7	...	3·5	22·5	...	...	13·9	6·1	2·6	·9	13·0	240·0	1,040·7	65·5	6·1	120·5	24·3	89·3
		...	...	...	·87	...	...	...	...	2·60	...	...	...	...	...	...	...	...	...	5·20		...	...	...	...
GROUP VII.—N. W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.	* 4,742	...	1·1	1·7	14·6	403·4	11·2	40·3	1·3	4·6	17·7	1·1	4·0	16·2	8·0	7·6	·8	8·4	172·9	1,098·1	† 56·9	21·9	52·3	25·9	72·8
		...	1·05	·42	4·43	...	...	·21	...	1·69	·21	...	...	...	·21	...	·21	...	·21	11·60		...	...	·21	...
A Deesa	321	...	...	...	18·7	738·3	...	...	...	12·5	12·5	...	...	15·6	6·2	6·2	...	3·1	218·1	1,314·6	68·0	28·0	59·2	65·4	65·4
		...	...	...	...	3·12	...	...	...	3·12	...	...	...	...	...	...	...	...	...	6·23		...	...	...	...
Ahmedabad	255	...	...	...	...	529·4	...	...	...	...	11·8	...	...	...	7·8	3·9	..	11·8	243·1	1,098·0	53·3	11·8	78·4	58·8	94·1
		...	...	...	...	...	...	...	...	...	3·92	..	...	..	...	...	...	...	...	7·84		...	...	...	...
B Neemuch	293	...	..	...	41·0	658·7	...	...	...	6·8	...	...	...	13·7	17·1	6·8	3·4	...	249·1	1,259·4	54·2	6·8	112·6	58·0	71·7
		...	...	...	13·65	3·41	...	...	...	3·41	...	...	...	...	...	...	3·41	...	...	23·89		...	...	...	...
Nasirabad	673	...	...	...	121·8	689·4	29·7	78·8	...	32·7	10·4	...	16·3	7·4	16·3	14·9	5·9	10·4	178·3	1,592·9	75·8	32·7	20·8	17·8	107·0
		...	...	...	23·77	...	1·49	...	...	8·97	·	...	...	...	1·49	...	...	...	...	35·66		...	...	...	...
Muttra	532	...	...	...	3·8	276·3	...	...	1·9	15·0	3·8	1·9	9·4	15·0	...	20·7	...	7·5	351·5	1,112·8	70·2	33·8	71·4	80·8	165·4
		...	...	...	...	...	...	...	...	1·88	...	...	1·88	1·88	...	...	...	...	...	9·40		...	...	...	...
Agra.	1,105	...	...	3·6	19·9	382·8	1·8	6·3	...	8·1	19·0	·9	·9	21·7	23·5	6·3	9·0	3·6	267·9	1,275·1	65·1	12·7	67·0	32·6	155·7
		...	...	...	5·43	...	...	...	...	1·81	·90	...	·90	·90	·90	...	2·71	...	...	17·19		...	...	...	...

* Derived from the aggregates.

† Worked on the aggragates.

Stations and Groups.	Average annual strength.	1. Admission-rate. 2. Death-rate.																							
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and mmation.	Venereal Diseases.	All Causes.	Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Jhansi	956	1·0	...	...	38·7	307·5	5·2	5·2	...	9·4	14·6	2·1	7·3	16·7	26·1	13·6	7·3	17·8	380·8	1,330·5	98·7	7·3	183·1	29·3	161·1
		...	...	...	11·51	...	...	...	...	...	1·05	1·05	2·09	2·09	5·23	...	2·09	...	...	28·24		...	...	...	...
Nowgong	286	...	...	3·5	35·0	199·3	...	42·0	...	35·0	10·5	3·5	...	17·5	24·5	...	...	17·5	160·8	905·6	56·5	3·5	59·4	21·0	76·9
		...	...	...	10·49	...	...	...	...	...	6·99	...	...	...	...	...	...	...	...	20·98		...	...	...	...
Indore	114	...	...	...	52·6	315·8	...	...	...	...	17·5	8·8	...	43·9	35·1	17·5	8·8	8·8	412·3	1,359·6	64·1	70·2	96·5	114·0	131·6
		...	...	...	...	...	...	...	...	...	8·77	...	...	...	...	...	8·77	...	...	17·54		...	...	...	...
Mhow	1,561	...	...	...	48·0	450·4	1·3	4·5	...	·6	19·2	3·2	5·8	19·2	31·4	29·5	5·1	11·5	176·2	1,401·0	75·0	5·8	40·4	27·5	102·5
		...	...	...	7·69	...	..	...	...	1·28	1·28	...	·64	...	1·28	...	1·92	...	...	17·94		...	...	...	...
GROUP VIII.—SOUTH-EAST RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	* 6,097	·2	...	·8	41·3	441·0	4·8	13·8	·2	10·7	14·1	1·8	5·4	16·7	21·5	15·4	5·1	9·8	252·6	1,314·9	† 73·2	15·3	76·1	38·4	122·8
		...	...	...	8·53	·33	·16	...	...	2·13	1·31	16	·82	·66	1·48	...	1·64	...	...	20·01		...	...	...	...
A Saugor	229	...	...	...	4·4	449·8	...	...	4·4	4·4	13·1	...	4·4	13·1	...	13·1	4·4	13·1	187·8	1,087·3	61·1	...	39·3	26·2	122·3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·37	...	...	17·47		...	...	...	...
Jubbulpore	737	16·3	...	...	42·1	242·9	13·6	93·6	...	2·7	6·8	2·7	1·4	17·6	33·9	4·1	2·7	19·0	240·2	1,103·1	65·6	24·4	63·8	55·6	96·3
		...	...	...	4·07	...	...	...	...	1·36	1·36	...	...	...	..	...	...	...	...	14·93		...	...	...	...
Kamptee	921	15·2	...	...	28·2	476·7	...	1·1	1·1	10·9	19·5	3·3	9·8	15·2	9·8	22·8	1·1	5·4	314·9	1,557·0	81·7	34·7	123·8	45·6	110·7
		...	...	...	5·43	...	...	...	...	1·09	...	1·09	...	...	1·09	...	2·17	...	...	10·86		...	...	...	...
Sitabaldi	65	...	...	...	...	938·5	...	46·2	...	15·4	...	...	15·4	123·1	...	46·2	...	15·4	261·5	1,938·5	18·6	61·5	123·1	30·8	46·2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
B Secunderabad.	3,084	...	...	...	10·4	107·3	10·1	17·8	1·0	·6	16·5	2·3	2·9	22·7	18·5	5·5	·6	19·5	378·4	1,048·3	70·5	132·0	55·8	69·4	121·3
		...	...	...	2·59	...	·32	...	...	...	·97	...	·32	...	·32	...	·32	...	...	6·49		...	...	...	...
Belgam	1,100	...	...	...	3·6	437·3	...	...	...	·9	13·6	...	·9	6·4	9·1	2·7	·9	1·8	259·1	1,054·5	53·1	33·6	43·6	62·7	119·1
		...	...	...	1·82	...	...	...	...	...	·91	...	...	...	...	...	·91	...	...	7·27		...	...	...	...
Satara	100	...	...	...	10·0	30·0	...	...	...	...	30·0	...	...	30·0	10·0	20·0	...	10·0	660·0	1,000·0	86·5	80·0	290·0	120·0	170·0
		...	...	...	10·00	...	...	...	...	...	...	...	...	...	...	...	...	...	10·0	20·0		...	...	10·0	...
Poona	2,353	1·3	...	·8	31·4	157·2	...	1·3	...	·4	13·2	5·9	1·7	12·3	11·5	15·7	·4	7·6	416·5	1,005·9	67·6	47·6	113·5	48·4	207·0
		...	...	...	8·07	·42	...	...	...	...	·42	·42	...	·42	...	...	·42	...	...	11·47		...	...	...	...
Kirkee	762	2·6	...	...	6·6	162·7	2·6	..	...	...	3·9	1·3	2·6	6·6	6·6	5·2	1·3	5·2	405·5	990·8	58·0	49·9	111·5	82·7	161·4
		...	...	...	...	...	..	...	...	...	...	1·31	...	...	...	...	1·31	...	...	5·25		...	...	...	...
Ahmednagar	910	...	...	...	6·6	152·7	...	...	3·3	...	39·6	4·4	2·2	47·3	4·4	3·3	1·1	11·0	219·8	1,047·3	57·3	20·9	54·9	54·9	89·0
		...	...	...	2·20	...	...	...	...	...	1·10	1·10	...	...	..	...	...	...	...	6·59		...	...	...	...
GROUP IX.—DECCAN.	* 10,262	3·0	...	·2	17·5	217·3	4·2	12·8	·8	·8	16·1	3·0	3·0	19·0	13·4	9·4	1·0	11·5	344·4	1,090·4	† 66·1	65·8	80·8	59·7	138·1
		...	...	...	3·90	·10	·10	...	...	·19	·68	·39	·10	·10	·19	...	·68	...	·10	8·97		...	...	·10	...
Colaba	1,333	·8	...	2·3	1·5	153·8	...	3·8	...	...	10·5	5·3	6·8	17·3	6·8	5·3	·8	15·8	312·1	864·2	64·1	99·8	46·5	39·0	126·8
		...	...	...	1·50	...	...	...	...	...	2·25	·75	·75	...	..	...	...	...	...	9·00		...	...	...	...
Cannanore	106	...	...	...	...	47·2	...	9·4	...	...	...	9·4	...	28·3	18·9	28·3	...	9·4	566·0	1,292·5	61·9	66·0	207·5	66·0	226·4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9·43		...	...	...	...
Calicut	92	...	...	...	10·9	10·9	10·9	...	...	...	...	...	...	...	21·7	...	...	10·9	391·3	956·5	42·9	43·5	43·5	54·3	250·0
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Mallapuram	140	...	...	...	7·1	7·1	7·1	...	...	7·1	28·6	7·1	...	7·1	21·4	7·1	...	...	228·6	907·1	39·6	21·4	35·7	42·9	128·6
		...	...	...	...	...	...	...	...	7·14	...	...	...	...	...	...	...	...	...	7·14		...	...	...	...
GROUP X.—WESTERN COAST.	* 1,672	·6	...	1·8	2·4	126·8	1·2	3·6	...	·6	10·8	5·4	5·4	16·1	9·6	6·6	·6	13·8	325·4	899·5	† 60·7	87·9	55·6	41·9	140·0
		...	...	...	1·20	...	...	...	...	·60	1·79	·60	·60	...	...	...	...	...	...	8·37		...	...	...	...
A Bellary	511	21·5	...	...	19·6	227·0	...	66·5	3·9	11·7	23·5	2·0	3·9	35·2	17·6	...	...	23·5	446·2	1,720·2	147·4	68·5	93·9	93·9	189·8
		...	...	...	7·83	...	...	...	...	...	1·96	...	...	...	...	...	...	...	...	9·78		...	...	...	...
Bangalore	2,196	1·4	...	...	18·7	87·9	...	10·5	·5	·5	11·8	2·7	3·6	11·4	13·7	12·8	1·4	4·1	333·8	957·7	65·1	24·1	118·4	77·4	113·8
		...	...	...	4·10	...	...	...	...	...	...	...	...	...	·91	...	·91	...	...	7·74		...	...	...	...
B Trichinopoly	36	...	...	...	...	83·3	27·8	27·8	...	...	...	...	...	...	...	...	...	...	250·0	500·0	24·7	...	83·3	111·1	55·6
		...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...		...	...	...	...
St. Thomas' Mount.	308	22·7	...	...	...	39·0	...	13·0	...	...	13·0	...	...	19·5	35·7	3·2	...	19·5	168·8	798·7	57·5	48·7	22·7	39·0	58·4
		...	...	...	...	...	...	...	...	...	3·25	...	...	...	...	...	...	...	...	6·49		...	...	...	...
Madras	522	19·2	...	...	11·5	32·6	...	1·9	...	1·9	17·2	3·8	7·7	28·7	7·7	...	3·8	15·3	371·5	1,262·5	52·3	51·7	111·1	36·4	172·4
		...	...	...	5·75	1·92	...	...	...	1·92	...	...	...	...	...	...	3·83	...	...	21·07		...	...	...	...
GROUP XI.—SOUTHERN INDIA.	* 3.573	8·7	...	...	16·0	95·4	·3	17·6	·8	2·2	14·3	2·5	3·9	17·9	15·1	8·1	1·4	9·8	340·3	1,092·9	† 73·9	36·4	105·2	70·8	127·9
		...	...	...	4·48	·28	...	...	...	·28	·56	...	...	...	·56	...	1·12	...	...	9·80		...	...	...	...

* Derived from the aggregates.

† Worked on the aggregates.

TABLE III—*continued.*

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actnals see Table IV.

Stations and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
		1. Admission-rate. 2. Death-rate.																							
Ranikhet	1,207	16·6	19·9	...	27·3	121·0	·8	8·3	·8	...	14·9	8·3	8·3	10·8	11·6	71·3	1·7	12·4	208·0	831·0	49·6	29·0	63·8	34·0	81·2
		...	13·26	...	3·31	...	...	...	...	...	...	...	...	...	·83	...	1·66	...	...	19·06		...	...	...	...
Chaubuttia	474	46·4	...	...	10·5	29·5	...	...	...	...	8·4	2·1	8·4	14·8	2·1	29·5	...	2·1	154·0	715·2	48·6	2·1	48·5	33·8	69·6
		...	...	...	...	...	...	...	...	...	...	...	2·11	...	...	...	...	...	...	6·33		...	...	...	...
Chakrata	1,053	...	...	...	4·7	148·1	...	...	·9	...	51·3	·9	·9	48·4	16·1	4·7	·9	12·3	203·2	860·4	55·3	23·7	21·8	64·6	93·1
		...	...	...	·95	...	...	...	...	...	·95	...	...	...	...	...	·95	...	...	6·65		...	...	...	...
Lebong	602	...	...	...	13·3	31·6	1·7	8·3	...	...	15·0	...	3·3	18·3	18·3	31·6	3·3	34·9	267·4	557·8	49·9	26·6	58·1	119·6	63·1
		...	...	...	1·66	...	...	...	...	...	...	...	...	...	...	...	1·66	...	1·66	11·63		...	...	1·66	...
Solon	215	...	...	9·3	14·0	116·3	...	41·9	4·7	...	9·3	...	4·7	14·0	23·3	14·0	4·7	32·6	186·0	18·6	47·2	41·9	37·2	32·6	74·4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	..	...	...
Dagshai	633	...	...	...	20·5	222·7	...	3·2	...	1·6	26·9	1·6	6·3	47·4	9·5	6·3	3·2	31·6	205·4	1,195·9	76·6	17·4	30·0	67·9	90·0
		...	...	...	1·58	1·58	...	...	...	...	...	...	...	...	...	...	3·16	...	...	6·32		...	...	...	...
Subathu	368	...	...	...	5·4	87·0	8·2	5·4	...	2·7	8·2	10·9	...	32·6	10·9	8·2	2·7	2·7	160·3	731·0	45·3	5·4	54·3	16·3	84·2
		...	...	...	...	...	...	...	...	...	...	2·72	...	...	2·72	...	2·72	...	...	8·15		...	...	...	...
Jutogh	237	...	...	...	16·9	63·3	...	16·9	...	4·2	8·4	...	4·2	16·9	8·4	16·9	...	12·7	118·1	611·8	35·9	4·2	38·0	38·0	38·0
		...	...	...	4·22	...	...	...	...	...	...	...	4·22	...	...	...	...	...	...	8·44		...	...	...	...
Khyragully	48	...	...	...	20·8	208·3	...	...	...	...	104·2	...	...	...	...	...	...	...	125·0	812·5	38·8	20·8	...	83·3	20·8
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Baragully	52	...	...	...	...	38·5	...	..	...	...	...	...	...	19·2	...	...	...	...	115·4	576·9	25·6	...	19·2	57·7	38·5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	19·23		...	...	...	...
Kuldunnah	505	...	...	...	5·9	184·2	...	2·0	...	2·0	2·0	...	0	5·9	4·0	9·9	2·0	7·9	180·2	653·5	37·4	83·2	7·9	49·5	39·6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1·98	...	...	1·98		...	...	...	...
Kalabagh	53	...	...	...	...	188·7	18·9	...	...	...	...	...	...	37·7	...	...	...	...	113·2	830·2	23·0	...	18·9	37·7	56·6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Camp Gharial	277	...	...	...	3·6	46·9	3·6	3·6	3·6	7·2	46·9	...	...	32·5	14·4	3·6	...	3·6	491·0	1,245·5	75·0	54·2	198·6	39·7	198·6
		...	...	...	...	...	...	...	...	...	3·61	...	...	...	...	...	...	...	...	3·61		...	...	...	...
Camp Thobba	447	...	...	...	2·2	42·5	4·5	...	...	2·2	...	...	...	4·5	2·2	4·5	2·2	...	94·0	349·0	22·4	...	67·1	4·5	22·4
		...	...	...	...	...	...	...	...	2·24	...	...	...	...	...	...	...	...	...	2·24		...	...	...	...
Camp Upper Topa.	238	...	...	...	4·2	67·2	...	..	4·2	...	6·8	...	...	...	4·2	21·0	...	16·8	147·1	470·6	29·1	8·4	37·8	33·6	67·2
		...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...		...	...	...	...
Camp Lower Topa.	100	...	...	...	9·4	75·5	...	...	...	...	18·9	...	...	...	9·4	...	9·4	...	169·8	594·3	39·0	37·7	47·2	28·3	56·6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Khanspur	465	6·5	...	...	4·3	98·9	...	10·8	...	...	6·5	...	4·3	10·8	2·2	15·1	2·2	...	107·5	544·1	34·6	6·5	43·0	21·5	36·6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2·15	...	...	2·15		...	...	...	...
Cherat	329	...	...	...	27·4	15·2	3·0	27·4	...	3·0	15·2	...	...	...	12·2	3·0	...	...	42·6	498·5	64·8	3·0	3·0	12·2	24·3
		...	...	...	9·12	...	...	...	...	...	6·08	...	...	...	...	...	...	...	...	21 28		...	...	...	...
Quetta	2,447	·8	·8	...	17·2	100·5	...	40·5	...	·4	14·7	2·0	6·5	30·2	13·1	12·3	3·3	22·1	111·2	691·1	49·5	4·1	33·9	21·3	51·9
		...	41	...	2·45	...	...	...	...	...	2 45	...	1·23	...	...	...	·41	...	·41	9·81		...	...	·41	...
Ramandrug	10	..	...	...	...	100·0	...	...	...	...	...	...	...	...	100·0	...	...	...	100·0	400·0	14·0	...	...	...	100·0
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Maymyo	155	12·9	...	...	..	458·1	51·6	...	...	...	6·5	...	6·5	12·9	12·9	6·5	...	12·9	283·9	1,051·6	50·3	12·9	103·2	45·2	122·6
		...	...	...	...	6·45	6 45	...	...	...	...	...	6·45	...	...	...	...	...	...	19·35		...	...	...	...
GROUP XII *a*—HILL STATIONS	* 9,921	4·9	2·6	·2	13·5	109·7	1·8	14·8	·5	·9	18·0	2·2	4·3	23·1	11·0	19·2	2·1	14·7	169·0	744·4	† 49·1	18·1	44·2	39·6	67·0
		...	1·71	...	1·71	·20	·10	...	...	·10	1·01	·10	·60	...	·20	...	1·01	...	·20	8·87		...	...	·20	...
Darjeeling	369	...	...	...	8·1	211·4	8·1	...	...	...	8·1	...	5·4	27·1	32·5	13·5	5·4	48·8	306·2	962·1	53·4	27·1	43·4	105·7	130·1
		...	..	...	5·42	...	...	...	...	...	...	...	...	...	...	...	5·42	...	...	16·26		...	...	...	...
Naini Tal	142	...	7·0	...	7·0	147·9	...	...	...	...	7·0	...	...	7·0	42·3	70·4	14·1	21·1	352·1	922·5	69·0	28·2	140·8	56·3	126·8
		...	7·04	...	...	...	...	...	...	...	...	...	...	...	7·04	...	14·08	...	7·04	42·25		...	...	7·04	...
Landour	183	...	...	...	10·9	284·2	...	...	10·9	...	10·9	...	5·5	21·9	...	10·9	...	16·4	322·4	1,103·8	72·5	32·8	43·7	60·1	185·8
		...	...	...	...	...	...	...	...	...	...	...	5·46	5·46	...	...	...	...	...	10·93		...	...	...	...
Kasauli	386	...	...	...	36·3	142·5	15·5	...	...	...	28·5	5·2	2·6	51·8	18·1	64·8	2·6	5·2	145·1	1,474·1	88·7	38·9	13·0	36·3	57·0
		...	...	...	5·18	...	...	...	...	...	5·18	...	...	...	...	...	...	...	...	10·36		...	...	...	...
Dalhousie	899	...	1·1	...	1·1	257·0	...	...	...	...	15·6	5·6	1·1	10·0	6·7	2·2	1·1	26·7	264·7	806·5	60·1	14·5	72·3	95·7	82·5
		...	1·11	...	...	...	...	...	...	...	...	1·11	...	...	...	...	...	...	...	4·45		...	...	...	...
Murree	128	...	...	...	7·8	54·7	...	...	...	...	15·6	7·8	...	23·4	23·4	7·8	7·8	15·6	101·6	484·4	174·5	...	31·3	7·8	62·5
		...	...	...	7·81	...	...	...	...	...	...	...	...	7·81	...	...	7·81	...	7·81	39·06		...	...	7·81	...
Taragarh	44	...	22·7	...	45·5	204·5	...	613·6	...	...	22·7	...	...	...	...	45·5	...	22·7	477·3	2,090·9	74·8	68·2	159·1	90·9	159·1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Mount Abu	121	...	...	...	49·6	595·0	24·8	8·3	...	...	8·3	16·5	16·5	8·3	8·3	...	...	24·8	198·3	1,371·9	92·6	66·1	16·5	107·4	8·3
		...	...	...	16·53	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16·53		...	...	...	...
Pachmarhi	128	...	...	...	31·3	148·4	23·4	...	...	...	7·8	7·8	...	...	31·3	...	...	...	93·8	656·3	34·7	...	23·4	31·3	39·1
		...	...	..	15·63	...	...	...	...	...	...	...	...	...	...	...	...	...	...	23·44		...	...	...	...

* Derived from the aggregates.

† Worked on the aggregates.

1. ADMISSION-RATE. 2. DEATH-RATE. 3. CONSTANTLY-SICK-RATE.

STATIONS AND COMMANDS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Purandhur .	139	... ...	... ...	... ...	7·2 7·19	115·1 ...	... ...	... ...	7·2 ...	... ...	21·6 ...	... ...	14·4 7·19	43·2 ...	36·0 ...	7·2 ...	... ...	21·6 ...	151·1 ...	705·0 14·39	54·5	14·4 ...	36·0 ...	64·7	36·0 ...
Khandalla .	44	... ...	... ...	... ...	... ...	477·3 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	22·7 ...	22·7 ...	27·7 22·73	22·7 ...	204·5 ...	1,090·9 22·73	74·5	... ...	68·2 ...	90·9 ...	45·5 ...
Wellington .	1,091	2·7 ...	... ...	... ..	9·2 ...	92·6 ·92	2·7 ...	·9 ...	... ...	... ...	40·3 ...	11·9 ...	2·7 ...	35·7 ...	23·8 1·83	27·5 ...	1·8 1·83	7·3 ...	288·7 ...	1,137·5 4·58	65·4	67·8 ...	27·5 ...	97·2 ...	96·2 ...
GROUP XII *b*.—Hill Convalescent Depôts and Sanitaria.	* 3,673	·8 ...	·8 ·54	... ...	12·3 2·72	185·7 ·27	4·9 ...	7·9 ...	·8 ...	... ...	22·6 ·54	6·5 ·27	3·3 ·54	25·3 ·54	19·3 ·82	21·5 ...	2·7 2·18	18·5 ...	253·5 ·54	1,027·2 10·89	† 69·3	36·8 ...	45·7 ...	81·4 ·54	89·6 ...
Troops marching, Bengal.	716	... ...	... ...	1·4 ...	16·8 ...	269·6 ...	4·2 ...	4·2 ...	... ...	1·4 ...	2·8 1·40	1·4 ...	5·6 ...	16·8 ...	18·2 ...	7·0 ...	1·4 ...	2·8 ...	219·3 ...	860·3 2·79	5·7	19·6 ...	74·0 ...	18·2 ...	107·5 ...
Troops marching, Punjab.	645	... ...	... ...	3·1 ...	4·7 ...	328·7 ...	3·1 ...	7·8 ...	1·6 ...	... ...	7·8 ...	... ...	6·2 ...	7·8 ...	29·5 ...	9·3 ...	... ...	1·6 ...	89·9 ...	769·0 7·75	3·6	10·9 ...	15·5 ...	14·0 ...	49·6 ...
Troops marching, Madras.	38	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	26·3 ...	184·2 26·32	2·9	... ...	26·3 ...	... ...	... ...
Troops marching, Burma.	79	... ...	... ...	... ...	12·7 ...	278·5 12·66	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	12·7 ...	... ...	... ...	... ...	50·6 ...	379·7 12·66	...	... ...	12·7 ...	... ...	38·0 ...
Troops marching, Bombay.	142	... ...	... ...	... ...	... ...	253·5 ...	... ...	... ...	... ...	... ...	7·0 7·04	7·0 ...	7·0 ...	14·1 ...	... ...	14·1 ...	... ...	... ...	21·1 ...	436·6 28·17	5·4	... ...	7·0 ...	7·0 ...	7·0 ...
Delhi Manœuvres and Durbar Force.	774	... ...	... ...	6·5 ...	15·5 6·46	84·0 1·29	1·3 ...	... ...	... ...	... ...	3·9 1·29	3·9 ...	33·6 6·46	27·1 1·29	16·8 ...	7·8 ...	1·3 ...	6·5 1·29	222·2 ...	618·9 19·38	13·7	22·0 ...	90·4 ...	14·2 ...	95·6 ...
Aden column Field Force.	832	27·6 ...	... ...	... ...	21·6 4·81	402·6 3·61	... ...	1·2 ...	... ...	4·8 1·20	19·2 ...	2·4 ...	2·4 1·20	16·8 ...	70·9 9·62	10·8 ...	... ...	12·0 ...	34·9 ...	864·2 27·64	39·2	4·8 ...	2·4 ...	10·8 ...	16·8 ...
Deolali Depôt	822	... ...	... ...	1·2 ...	17·0 ...	182·5 2·43	... ...	2·4 ...	... ...	8·5 ...	77·9 ...	53·5 3·65	6·1 1·22	38·9 1·22	25·5 ...	3.6 ...	18·2 2·43	24·3 1·22	332·1 ...	1,345·5 14·60	69·8	10·0 ...	12·2 ...	121·7 ...	108·3 ...
Poonamallee Depôt.	141	... ...	.. ...	... ...	7·1 ...	35·5 ...	... ...	... ...	... ...	... ...	56·7 ...	14·2 ...	7·1 ...	56·7 ...	120·6 ...	7·1 ...	... 7·09	35·5 ...	177·3 ...	971·6 14·18	421·1	7·1 ...	14·2 ...	113·5 ...	42·6 ...
EXTRA INDIA Aden .	931	... ...	... ...	1·1 1·07	5·4 2·15	649·8 ...	5·4 ...	22·6 ...	... ...	6·4 4·30	66·6 1·07	1·1 ...	5·4 1·07	25·8 1·07	25·9 ...	14·0 ...	2·1 1·07	19·3 ...	211·6 ...	1,578·9 16·11	76·4	38·7 ...	37·6 ...	30·1 ...	105·3 ...
India .	* 70,445	3·1 ... ·1	1·1 ·81 ...	1·0 ·11 ·1	19·6 4·19 2·9	242·6 ·34 7·9	4·0 ·14 ·3	18·5 ·01 ·8	·5 ·03 ·1	4·4 ·77 ·2	16·0 ·77 1·6	3·4 ·24 ·8	4·6 ·57 ·5	20·5 ·21 1·1	16·9 ·70 1·4	13·5 ... ·4	2·4 1·29 ·3	11·8 ·06 ·9	247·0 ·14 22·3	1,033·4 13·05 62·9	† 62·9	33·2 ... 3·3	61·6 ... 5·8	46·2 ·14 5·0	106·0 ... 8·2
BENGAL .	* 21,860	5·5 ...	1·7 1·10	1·9 ·23	22·6 4·39	188·6 ·09	3·6 ·05	23·7 ...	·5 ·05	7·2 ·87	12·0 ·59	2·2 ·27	4·4 ·73	20·3 ·41	20·2 ·73	14·1 ...	3·3 2·20	12·8 ·05	251·1 ·27	977·4 15·46	† 63·4	22·6 ...	67·7 ...	39·8 ·27	120·9 ...
PUNJAB .	* 17,997	·4 ...	2·2 1·72	·8 ·11	19·8 4·39	312·1 ·33	4·8 ·11	21·1 ...	·7 ·06	3·8 ·67	14·8 ·89	3·0 ·11	4·8 ·33	18·0 ·06	10·6 ·44	15·8 ...	1·7 ·83	10·1 ...	176·1 ·06	1,007·2 12·56	† 56·5	25·8 ...	38 5 ...	38·2 ·06	73·7 ...
MADRAS .	* 9,375	3·6 ...	... ...	... ...	11·3 2·77	135·1 ·21	3·9 ·11	12·8 ...	·6 ...	1·3 ·21	18·5 ·64	3·5 ...	3·0 ·11	20·5 ...	18·3 ·53	9·0 ...	1·1 ·96	11·9 ...	334·7 ...	1,070·8 7·79	† 73·3	70·7 ...	70·4 ...	72·1 ...	121·5 ...
BURMA .	* 3,616	2·5 ...	·3 ·28	... ...	7·7 3·04	210·7 1·38	12·4 1·38	15·5 ...	·3 ...	·8 ...	14·1 ·28	3·6 ·28	1·7 ·83	32·6 ·28	24·6 2·21	16·0 ...	2·5 1·38	8·0 ·28	346·2 ...	1,172·0 13·00	† 73·0	34·3 ...	99·8 ...	81·6 ...	130·5 ...
BOMBAY .	* 15,990	1·4 ...	·2 ·06	·4 ·06	23·1 4·63	307·8 ·31	2·1 06	14 1 ·06	·3 ...	3·8 1·25	22·3 1·06	5·5 ·50	4·9 ·50	21·0 ·19	14·3 ·25	12·4 ...	2·9 ·88	13·3 ·06	259·6 ·19	1,115·2 12·32	† 64·7	35·6 ...	66·9 ...	44·3 ·19	112·7 ...
Lucknow‡ .	2 496	...	...	1·0	7·5	5·3	·1	1·8	...	1·1	1·0	·4	·2	1·4	2·4	·1	·6	·6	26·3	68·4	68·4	3·2	5·8	4·7	12·5
Umballa .	2,164	...	·1	...	5·8	8·5	·3	·6	...	·5	·8	·2	·5	·7	·5	1·6	·4	·7	21·8	66·3	66·3	5·4	4·2	4·3	8·0
Rawalpindi	2,560	...	...	...	2·4	13·9	·3	·2	...	·1	1·2	·7	·8	·8	1·2	·5	·4	·4	25·8	65·1	65·1	4·8	5·6	6·1	9·3
Secunderabad	3,084	...	...	...	1·7	3·6	1·1	·8	·1	...	1·9	·5	·2	1·1	1·3	·2	·2	1·1	34·8	70·5	70·5	12·5	4·8	7·8	9·7
Poona .	2,353	...	...	·1	4·0	4·2	...	·1	...	...	1·6	·9	·1	·9	3·1	·4	...	·4	32·4	67·6	67·6	3·9	9·2	4·2	15·1
Bangalore .	2,196	...	...	...	3·4	3·6	...	·8	·1	...	·7	·6	·3	·6	1·4	·4	·1	·2	31·2	65·1	65·1	2·6	12·8	6·6	9·3
Quetta .	2,447	...	...	...	3·3	3·7	...	1·5	...	...	2·5	·8	1·1	2·2	·1	·4	·5	2·0	10·8	49·5	49·5	·5	4·6	2·1	3·7

* Derived from the aggregates. † Worked on the aggregates. ‡ Constantly-sick-rate per 1,000 by diseases at the largest stations.

TABLE IV.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables I—III have been calculated.

1. Admissions. 2. Deaths. 3. Constantly sick.

Stations and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Tænia.	Other Entozoa.
Port Blair	139	...	...	...	...	20	27	3	...	...	1	...	...	...	...	...	...	1	23	113	...	1	2	20	...	1
		...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	·84	1·31	·10	·09	...	·06	...	...	...	...	...	...	·01	1·41	5·50	...	·01	·16	1·24	...	·01
Rangoon	835	3	...	...	9	235	4	10	...	1	5	4	1	52	64	35	5	6	482	1,513	60	128	101	193	3	10
		...	...	...	2	...	...	...	...	...	...	..	...	1	8	...	3	...	...	15	...	...	...	...	...	..
		·14	...	...	2·15	8·23	·51	·38	...	·09	1·46	·50	·02	2·68	6·07	1·02	·70	·57	42·93	95·29	5·83	12·75	10·58	13·77	·07	3·45
Group I.—Burma Coast and Bay Islands.	975*	3	...	...	9	255	31	13	...	1		4	1	52	64	35	5	7	505	1,626	60	129	103	213	3	11
		...	...	...	2	...	...	...	...	...	...	...	...	1	8	...	3	...	...	15	...	...	...	...	...	...
		·14	...	...	2·15	9·07	1·82	·48	·09	·09	1·52	·50	·02	2·68	6·07	1·02	·70	·58	44·31	100·79	5·83	12·76	10·74	15·01	·07	3·45
Thayetmyo	607	4	...	...	4	77	2	17	...	...	11	4	...	10	4	5	...	1	234	584	25	73	62	74	4	...
		...	...	...	3	...	1	...	...	...	...	1	...	...	...	...	...	...	...	8	...	...	...	..	...	...
		·07	...	...	·34	2·42	·27	·33	...	..	·84	·41	...	·65	·16	·13	...	·08	19·81	34·76	2·19	5·35	6·32	5·95	·04	...
Meiktila	404	...	...	...	3	6	...	24	...	1	14	1	1	14	3	2	1	6	130	383	5	45	23	57	1	1
		..	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	2	...	...	...	...	...	...
		...	...	...	·50	1·00	...	1·15	...	·01	3·41	·25	·10	·99	·28	·09	·03	·40	13·86	33·01	·66	4·25	3·15	5·80	·04	·58
Fort Dufferin	666	...	...	...	5	132	1	...	1	..	7	3	1	8	8	13	1	2	166	568	7	62	44	53	2	16
		...	...	...	2	3	1	...	...	...	1	...	...	...	...	...	1	...	...	9	...	...	...	...	...	...
		...	...	...	·54	5·43	·20	...	·15	...	·58	·29	·12	·34	·47	·26	·08	·29	18·21	39·69	·75	7·22	5·78	4·45	·05	1·45
Shwebo	492	...	1	...	2	34	2	2	...	1	11	...	2	29	6	...	2	9	113	547	18	17	39	39	3	7
		...	1	...	2	...	1	...	...	...	...	...	1	...	...	...	...	...	...	5	...	...	...	...	...	...
		...	·01	...	·03	1·32	·10	·1	...	·04	1·72	·15	·08	1·71	·44	...	·36	·92	10·16	34·14	1·50	2·26	3·34	3·06	·07	1·51
Bhamo	239	...	...	...	4	165	1	...	...	...	1	1	...	3	1	2	...	2	56	337	7	18	17	14	2	1
		...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	1	...	4	...	...	...	...	...	...
		...	...	...	·61	3·78	·03	...	...	...	·15	·31	...	·13	·02	·10	...	·13	4·61	13·86	·41	1·35	1·87	·98	·02	·30
Group II.—Burma Inland.	2,408*	4	1	...	18	414	6	43	1	2	44	9	4	64	22	22	4	20	699	2,419	62	215	185	237	12	25
		...	1	...	9	3	4	...	...	...	1	1	2	...	...	...	2	1	...	28	...	...	...	...	...	...
		·07	·01	...	2·02	13·95	·60	1·67	·15	·05	6·70	1·41	·30	3·85	1·37	·58	·47	1·82	66·65	155·46	5·51	20·43	20·46	20·25	·22	3·84
Fort William	1,314	22	8	...	3	193	...	16	...	1	11	3	9	42	17	13	2	9	587	1,473	13	276	51	247	3	35
		...	5	...	...	...	1	...	...	...	1	...	2	...	1	...	1	...	...	18	...	...	...	...	...	...
		1·59	·20	...	·48	6·22	·12	·66	...	·28	·78	50	·49	2·09	1·32	·33	·32	·44	53·17	99·29	2·23	27·43	6·05	17·46	·07	3·15
Fort Fulta	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	10	1	1	1	2	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	·01	·03	...	...	...	·01	...	...
Fort Chingrikhal	46	...	...	...	...	4	2	...	...	...	...	...	...	...	4	...	...	...	13	28	...	8	1	4	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	·02	·01	...	...	...	...	...	...	...	·02	...	...	...	·05	·11	...	·03	...	·02	...	...
Dum-Dum	314	1	...	1	...	87	4	4	...	1	3	...	1	9	8	3	1	6	95	378	4	31	18	42	2	...
		...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	4	...	...	...	...	...	...
		·03	...	·16	...	2·95	·44	·14	...	·02	·23	...	·02	1·23	1·09	·22	·22	·46	7·61	21·84	·68	2·70	1·37	2·86	·03	...
Barrackpore	225	21	...	...	5	114	7	11	...	1	2	...	...	8	34	8	7	10	73	455	4	27	9	33	1	...
		...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	4	...	...	7	...	...	...	...	...	...
		·47	...	...	·60	4·35	·57	·93	...	·01	·26	...	...	47	3·60	·18	·66	1·04	4·75	23·94	·44	1·71	·57	2·03	·02	...
Group IV.—Bengal and Orissa.	1,912*	44	8	1	8	398	13	31	...	3	16	3	10	59	63	24	10	25	773	2,344	22	343	80	328	6	35
		...	5	...	1	...	1	...	...	...	1	...	3	...	2	...	7	...	...	29	...	...	...	..	...	...
		2·09	·20	·16	1·08	13·54	1·14	1·73	...	·31	1·27	·50	·51	3·79	6·03	·73	1·20	1·94	65·59	145·21	3·35	31·87	7·99	22·38	·12	3·15
B Dinapore	563	...	2	1	28	149	...	13	...	2	6	1	1	10	10	13	5	17	152	669	4	47	25	76	4	...
		...	1	...	8	1	...	...	...	1	...	...	...	...	1	...	4	...	1	22	...	...	1	...	...	...
		..	·07	·32	3·65	5·58	...	1·34	...	·04	·50	·33	·10	·70	1·16	·51	·65	1·15	13·11	44·58	·55	3·76	2·30	6·50	·11	...
Benares	192	...	...	...	2	55	...	9	...	1	4	...	...	3	1	...	...	...	65	229	5	2	10	48	...	...
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...
		...	...	...	·34	1·41	...	·20	..	...	1·03	...	...	·12	·25	...	·01	...	5·73	12·71	·41	·16	1·27	3·89	...	...
Allahabad	622	...	...	3	7	158	2	3	2	6	10	...	5	9	8	2	3	1	172	608	10	58	20	84	...	1
		...	...	...	4	...	...	...	1	2	1	...	1	...	...	...	3	...	...	14	...	...	...	...	...	...
		...	...	·21	1·55	6·18	·11	·26	·13	·52	·92	·11	·45	·56	·56	·04	·79	·20	19·77	47·58	1·52	6·73	2·31	9·21	...	·11
Fort Allahabad	186	...	...	...	1	48	3	18	...	...	2	2	...	4	5	...	...	...	31	188	3	10	3	15	...	...
		...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	·07	1·14	·31	·75	...	...	·09	·30	...	·10	·38	...	...	...	2·85	10·73	·21	·80	·65	1·19	...	...
Fyzabad	992	...	1	1	20	67	1	47	...	6	3	3	2	15	19	12	2	9	284	919	66	52	34	132	3	...
		...	1	1	4	...	...	...	...	2	...	...	...	1	...	...	2	1	1	16	...	...	1	...	...	...
		...	...	·04	3·87	2·63	·02	2·50	...	·20	·68	1·79	·23	·84	1·70	·70	·11	1·06	29·95	70·11	6·73	4·84	4·07	14·31	·10	·05
Sitapur	636	3	...	...	4	45	...	35	...	1	4	...	2	14	3	3	1	2	82	407	5	20	17	40	...	...
		...	...	...	2	...	...	...	...	1	...	1	...	1	...	...	...	...	...	5	...	...	...	...	...	...
		·09	...	...	·61	2·02	...	1·11	...	·06	·82	·54	·08	·48	·45	·08	·30	·09	6·96	24·66	·43	1·88	·83	3·82	...	...
Lucknow	2,496	6	...	22	94	260	...	121	...	41	18	2	6	62	50	10	9	26	549	2,131	51	128	50	320	2	...
		...	...	4	12	..	...	...	...	2	1	...	1	2	1	...	6	...	...	32	...	...	...	...	...	...
		·12	...	2·55	18·69	12·11	·27	4·37	...	2·70	2·62	1·03	·51	3·44	5·91	·22	1·54	1·61	64·72	170·67	7·08	14·57	11·85	31·22	·15	...
Cawnpore	988	3	1	2	21	190	8	56	...	14	5	3	3	23	23	17	4	13	231	1,151	30	32	30	139	7	6
		...	...	...	2	...	...	...	...	1	1	1	2	...	2	...	4	...	1	22	...	...	1	...	...	...
		·04	·04	·27	2·97	5·79	·46	1·66	...	·49	·40	1·14	·27	1·24	2·09	·73	·33	·57	22·60	68·13	3·99	3·25	4·25	11·11	·18	2·04
Fatehgarh	156	...	...	1	...	36	1	13	...	...	...	1	...	1	4	1	1	6	51	166	2	14	2	33	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...
		...	...	·19	...	·82	·06	·30	...	...	...	·64	...	·02	·39	·02	·06	·26	2·4	7·17	·20	·86	·11	1·24	...	...
Group V.—Gangetic Plain and Chutia Nagpur.	6,831*	12	4	30	177	1,008	15	315	2	71	52	12	19	141	123	58	25	74	1,617	6,463	176	363	191	887	16	7
		...	2	5	33	2	...	...	1	10	3	2	4	4	4	...	21	1	3	116	...	...	3	...	...	...
		·25	·11	3·58	31·73	37·68	1·23	12·49	·13	4·01	7·06	5·88	1·64	7·50	12·89	2·30	3·79	4·94	168·10	456·34	21·12	36·85	27·64	82·49	·54	2·20

* Derived from the aggregates.

1. ADMISSIONS. 2. DEATHS. 3. CONSTANTLY SICK.

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Tænia.	Other Entozoa.
A																										
Shahjahanpur	532	...	...	...	8	34	5	14	...	6	...	3	2	14	6	...	...	3	112	319	10	11	20	71	...	...
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	..	...	...	1	...	...	...	...	...	...
		...	...	...	1·28	·88	·43	·42	...	·16	...	·23	·23	·39	·48	...	...	·39	11·79	23·82	1·46	2·00	2·49	5·84	...	...
Bareilly	1,255	1	...	4	11	132	6	38	..	4	18	2	5	16	34	21	2	18	340	1,139	81	38	51	170	4	...
		...	...	...	1	...	...	...	...	...	1	...	...	...	1	...	1	...	...	5	...	...	...	...	...	...
		·02	...	·43	2·44	7·82	·45	1·56	...	·14	2·29	1·16	·50	·64	2·58	·99	·21	1·04	30·99	78·18	8·20	3·51	6·23	13·05	·12	...
Roorkee	330	4	...	...	7	151	7	...	...	1	5	2	2	...	...	...	1	1	56	329	2	16	8	30	3	...
		...	...	...	2	...	...	...	...	1	...	1	...	...	1	...	...	...	..	5	...	...	...	...	...	...
		·09	...	...	1·79	5·38	·56	...	...	·04	·43	·30	·43	...	·08	·06	·28	·19	7·59	25·02	·59	2·76	1·18	3·06	·12	...
Meerut	1,985	4	...	...	100	376	2	8	1	27	25	3	16	3	52	23	5	30	329	1,824	29	65	77	158	...	1
		...	...	...	23	...	...	...	...	3	1	1	1	...	...	...	4	...	1	30	...	...	1	...	...	...
		·10	...	...	11·27	17·61	·08	·60	·10	1·53	2·78	·49	1·31	1·86	3·74	·80	·35	2·42	35·74	132·66	2·99	7·02	9·58	16·15	...	·44
Delhi	298	...	...	...	7	123	3	2	2	6	5	1	2	4	2	...	...	6	59	318	6	27	11	15	...	...
		...	...	...	3	..	...	...	...	1	...	.	2	...	...	...	1	...	...	12	...	...	...	...	...	...
		...	...	·28	2·27	5·54	·18	·16	·22	·32	·34	·05	·20	·24	·22	...	·03	·25	4·96	19·71	·42	2·67	·68	1·19	...	...
Umballa	2,164	3	8	...	107	518	9	28	...	23	16	3	17	25	17	69	5	20	436	2,183	89	85	79	183	8	1
		...	6	...	21	...	2	...	...	3	1	...	2	...	...	...	3	...	...	41	...	...	...	...	...	...
		·07	·15	...	12·60	18·45	·57	1·27	...	1·09	1·74	·43	·99	1·43	1·16	3·56	·81	1·61	47·24	143·56	11·61	9·00	9·24	17·39	·15	·11
B																										
Jullundur	491	...	1	...	...	106	...	22	...	2	17	3	1	8	2	10	3	4	109	507	17	15	24	52	3	1
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	·04	...	·08	3·86	...	·44	...	·05	1·11	·50	·08	·29	·16	·30	·65	·20	10·93	29·32	2·49	1·57	3·05	3·82	·04	·10
Ferozepore	864	...	...	...	4	480	...	3	...	6	19	2	2	21	8	16	...	4	241	1,092	44	13	68	116	1	...
		...	...	...	1	...	...	...	...		...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...
		...	...	...	·57	14·52	...	·25	...	·29	1·59	·85	·19	·55	·47	·32	...	·14	21·25	53·88	4·05	1·33	6·56	9·31	·01	...
Amritsar	181	...	...	...	3	191	...	...	...	1	5	...	...	2	3	1	...	...	34	276	5	5	10	14	...	...
		...	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	5	...	...	...	...	...	...
		...	...	...	·34	3·50	...	...	...	·09	·31	...	...	·04	·12	02	...	·03	1·93	7·77	·29	·20	·71	·73	...	...
Meean Meer	843	...	13	3	16	848	...	51	...	6	21	6	9	27	12	5	1	26	161	1,494	25	23	39	74	1	2
		...	11	...	5	3	...	...	...	2	1	...	...	...	5	...	...	...	...	31	...	...	...	...	...	...
		...	·13	·67	2·12	25·29	...	1·18	...	·32	2·00	·53	1·27	1·25	·56	·10	·14	1·19	15·89	65·85	2·50	4·22	3·67	5·50	·01	·29
Fort Lahore	112	...	...	...	1	124	...	...	...	2	...	...	1	2	3	3	...	1	18	205	1	9	1	7	...	...
		...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		..	...	...	·03	3·81	...	...	...	·01	...	...	...	·03	·12	·05	...	·02	·75	6·62	·13	·08	·10	·44	...	...
Sialkot	1,195	...	10	...	39	209	3	4	...	1	16	14	1	9	11	50	..	18	152	1,088	10	37	27	78	10	6
		...	6	...	12	...	...	...	...	1	1	...	...	...	...	...	...	...	...	22	...	..	...	...	...	...
		...	·41	...	5·08	8·29	·48	·07	...	·02	1·06	2·52	·12	·24	·85	1·16	...	·93	14·13	63·35	·99	3·98	2·75	6·41	·26	·99
Rawalpindi	2,560	...	2	...	59	861	2	13	1	4	33	7	14	65	41	32	7	16	537	2,739	77	130	100	230	8	...
		...	2	...	12	2	...	...	1	...	4	...	1	..	...	...	4	...	...	32	...	...	...	...	...	...
		...	·03	·01	6·23	35·56	·73	·53	·01	·29	3·10	1·78	2·12	2·08	2·99	1·30	1·12	·93	65·99	166·64	12·33	14·31	15·54	23·81	·12	...
Campbellpur	229	1	...	...	1	58	3	31	1	...	3	1	...	2	...	...	...	1	20	199	4	4	4	8	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
		·03	...	·07	·26	1·34	·29	·69	·17	...	·04	·11	·11	·07	...	...	...	·15	1·42	7·94	·44	·17	·36	·45	·01	...
Attock	224	...	...	...	2	27	1	1	...	...	1	...	8	...	4	...	...	4	22	127	1	5	7	9	...	...
		...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	1	..	...	4	...	...	...	...	...	...
		...	...	...	·40	·91	·04	·05	...	..	...	...	1·13	...	·32	...	...	·19	1·54	7·52	·04	·40	·51	·59	...	...
GROUP VI.—UPPER SUB-HIMALAYA.	* 13,261	13	34	7	365	4 238	41	215	5	89	184	47	81	226	195	230	24	152	2,626	13,840	401	484	526	1,215	39	11
		...	25	...	81	5	2	...	1	13	12	3	8	...	8	...	14	...	1	205	...	...	1	...	...	...
		·31	·76	1·46	46·76	152·76	3·81	7·22	·50	4·35	16·79	8·95	7·68	9·17	13·85	8·66	3·59	9·68	272·14	831·84	48·53	53·22	62·65	107·74	·84	1·93
A																										
Nowshera	653	...	...	...	8	172	7	...	...	3	7	...	7	6	3	1	...	1	78	458	16	5	11	46	2	1
		...	...	...	3	...	...	...	...	...	...	...		..	...	...	...	...	...	4	...	...	...	...	...	...
		...	...	...	1·22	4·23	·32	...	...	·26	·90	·59	·62	·27	·18	·03	...	·46	7·25	26·98	1·49	·40	1·46	3·90	·04	·14
Peshawar	1,625	...	5	7	55	888	45	1	5	5	37	4	6	31	16	16	2	15	150	1,980	3	53	40	54	1	...
		..	5	2	16	...	...	...	..	3	1	...	...	...	1	...	...	...	...	36	...	...	...	...	...	...
		...	·03	·58	7·62	18·82	2·36	·06	·60	·10	3·74	1·81	·60	·84	1·15	·48	·30	1·10	14·51	86·67	·68	6·29	3·54	4·00	·04	...
Mooltan	825	...	...	1	2	195	...	187	1	8	3	1	6	18	4	12	1	2	186	1,042	47	41	30	68	3	7
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	4	...	...	...	...	...	...
		...	...	·14	·39	5·29	·05	5·55	·11	·53	·22	·07	4·	1·19	·34	·24	·04	·32	17·01	50·77	5·32	3·64	2·86	5·19	·03	·83
C																										
Hyderabad	483	...	...	...	1	213	1	1	...	2	11	...	...	6	8	4	...	7	129	526	31	10	14	74	...	...
		...	...	...	1	...	...	1	...	2	...	...	...	...	...	...	...	...	1	5	...	...	1	...	...	...
		...	...	...	·02	6·13	·25	·06	...	·02	·79	...	...	·42	·69	·08	...	·72	13·79	29·92	5·17	1·03	1·66	5·93	...	...
Kurrachee	1,154	...	...	...	3	445	...	2	...	4	26	...	...	16	7	3	1	15	277	1,201	7	139	25	103	...	1
		...	...	...	1	...	...	...	...	3	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...
		...	...	...	·31	16·61	·14	·14	...	·08	2·71	·12	...	·86	·64	·23	·01	·90	29·08	75·55	·97	14·80	4·21	9·10	...	·01
GROUP VII.—N. W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.	4,742*	...	5	8	69	1,913	53	191	6	22	84	5	19	77	38	36	4	40	820	5,207	104	248	123	345	6	9
		...	5	2	21	...	...	1	...	8	1	...	...	...	1	...	1	...	1	55	...	...	1	...	...	...
		...	·03	·72	9·56	[illegible]	[illegible]	5·81	·71	·97	8·35	3·39	1·68	·58	3·00	1·06	·35	3·50	81·64	269·89	13·63	26·16	13·73	28·12	·11	·98

* Derived from the aggregates.

EUROPEAN TROOPS, 1903.

TABLE IV—*continued.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables I—III have been calculated.

1. Admissions. 2. Deaths. 3. Constantly sick.

Stations and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Tænia.	Other Entozoa.
A Deesa	321	...	...	...	6	237	...	...	...	4	4	...	...	5	2	2	...	1	70	422	9	19	21	21	...	...
		...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	1·13	9·48	...	...	...	·11	·24	...	...	·27	·19	·09	...	·09	4·90	21·83	·61	1·29	1·54	1·46	...	...
Ahmedabad	255	...	...	...	...	135	...	...	...	...	3	...	...	...	2	1	...	3	62	280	3	20	15	24	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...
		...	...	...	...	4·45	...	...	...	...	·10	·05	...	...	·06	·02	...	·17	4·62	13·60	·33	1·25	1·22	1·82	...	...
B Neemuch	293	...	...	...	12	193	...	...	...	2	...	...	...	4	5	2	1	...	73	369	2	33	17	21	...	...
		...	...	...	4	1	...	...	...	1	...	...	...	...	...	...	1	...	...	7	...	...	...	...	...	...
		...	...	...	1·30	5·19	...	...	...	·03	...	...	...	·26	·13	·07	·08	...	5·92	15·87	·11	2·79	1·38	1·64	...	...
Nasirabad	673	...	...	...	82	464	0	53	...	22	7	...	11	5	11	10	4	7	120	1,072	22	14	12	72	...	...
		...	...	...	16	...	1	...	...	6	...	...	...	...	1	...	...	...	...	24	...	...	...	...	...	...
		...	...	...	12·18	10·65	1·2	1·91	...	·62	·40	·09	1·30	·17	·67	·22	·74	·39	8·68	51·04	1·37	1·26	1·01	5·04	...	·16
Muttra	532	...	...	...	2	147	...	...	1	8	2	1	5	8	...	11	...	4	187	592	18	38	43	88	2	...
		...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	...	5	...	...	...	...	...	...
		...	...	...	·48	3·68	...	...	·10	·63	·38	·10	·35	·99	...	·31	...	·19	20·02	37·33	1·54	3·35	6·09	9·04	·05	...
Agra	1,105	...	...	4	22	423	2	7	...	9	21	1	1	24	25	7	10	4	296	1,409	14	74	36	172	6	...
		...	...	...	6	...	...	...	...	2	1	...	1	1	1	...	3	...	...	19	...	...	...	...	...	...
		...	...	·91	2·37	13·17	·23	·3	...	·21	1·68	·07	·06	1·69	2·19	·18	·97	·0	20·85	71·90	1·61	8·20	4·03	7·01	·91	...
Jhansi	956	1	...	...	37	294	5	5	...	9	14	2	7	16	25	13	7	17	364	1,272	7	175	28	154	2	...
		...	...	...	11	...	...	...	...	...	1	1	2	2	5	...	2	...	...	27	...	...	...	...	...	...
		·04	...	...	5·54	11·76	·37	·88	...	·67	1·82	·91	1·07	1·20	2·33	·31	·84	1·69	36·69	94·35	1·65	16·81	3·49	14·74	·07	...
Nowgong	286	...	...	1	10	57	...	12	...	10	3	1	...	5	7	...	...	5	46	259	1	17	6	22	...	...
		...	...	...	3	...	...	...	...	...	2	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...
		...	...	·08	1·23	2·12	...	·45	...	·47	·10	...	...	·18	·86	...	·19	·26	3·91	16·15	·22	1·94	·43	1·32	...	...
Indore	114	...	...	...	6	36	...	...	...	...	2	1	...	5	4	2	1	1	47	155	8	11	13	15	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...
		...	...	...	·74	·81	·06	...	...	...	·04	·01	...	·41	·22	·02	·33	·07	2·77	7·31	·66	·33	·25	1·03	...	...
Mhow	1,561	...	...	...	75	703	2	7	...	1	30	5	9	30	49	46	8	18	275	2,187	9	63	43	160	3	27
		...	...	...	12	...	...	...	...	2	2	...	1	...	2	...	3	...	...	28	...	...	...	...	...	...
		...	...	...	12·66	23·10	·21	·70	·03	...	3·25	1·42	·50	1·70	4·23	1·61	1·19	1·25	22·55	117·06	1·40	6·08	3·76	11·31	·05	4·99
GROUP VIII—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	6,097*	1	...	5	252	2,689	29	84	1	65	36	11	33	102	131	94	31	60	1,540	8,017	93	464	234	749	13	27
		..	...	...	52	2	1	...	...	13	8	1	5	4	9	...	10	...	...	122	...	...	...	...	...	...
		·04	...	·99	37·63	84·39	2·49	4·28	·13	2·74	8·01	2·65	33·7	6·87	10·88	2·83	4·34	4·20	130·91	446·44	9·50	43·80	23·20	54·41	1·08	5·15
A Saugor	229	...	...	...	1	103	..	...	1	1	3	...	1	3	...	3	1	3	43	249	...	9	6	28	...	..
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	4	...	...	...	...	...	...
		...	...	...	·19	3·39	·03	...	·41	·15	·14	·09	·07	·15	·02	·04	·15	·11	3·98	14·00	...	1·09	·59	2·30	...	...
Jubbulpore	737	12	...	...	31	179	10	69	...	2	5	2	1	13	25	3	2		177	813	18	47	41	71	1	...
		...	...	...	3	...	..	...	...	1	1	...	...	...	...	...	...	...	...	11	...	...	...	...	...	...
		1·01	...	...	5·19	6·05	2·01	7·01	...	·02	·05	·02	·01	·14	1·11	·02	·02	3·01	6·76	48·38	·24	2·14	1·15	3·23	·01	...
Kamptee	921	14	...	...	26	439	...	1	1	10	18	3	9	14	9	21	1	5	290	1,434	32	114	42	102	5	...
		...	...	...	5	...	...	...	...	1	...	1	...	...	1	...	2	...	...	10	...	...	...	...	...	...
		·53	...	...	4·44	12·37	...	·12	·11	·57	1·08	·07	·79	·77	1·01	·53	·01	·19	24·33	75·22	2·92	9·80	3·82	7·79	·08	...
Sitabaldi	65	...	...	...	...	61	...	3	...	1	...	...	1	8	...	3	...	1	17	126	4	8	2	3	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	·50	...	·03	...	·01	...	...	...	·08	...	·02	...	·01	·14	1·21	·06	·05	·01	·02	...	...
B Secunderabad	3,084	...	...	...	32	331	31	55	3	2	51	7	9	70	57	17	2	60	1,167	3,233	407	172	214	374	4	13
		...	..	...	8	...	1	...	...	...	3	...	1	...	1	...	1	...	..	20	...	...	...	...	...	...
		...	...	...	5·09	11·17	3·36	2·57	·41	·05	5·88	1·42	·76	3·29	3·93	·47	·63	3·48	107·24	217·42	38·54	14·74	23·91	30·05	·07	2·03
Belgam	1,100	...	...	...	4	481	...	...	...	1	15	...	1	7	10	3	1	2	285	1,160	37	48	69	131	8	3
		...	...	...	2	...	...	...	...	...	1	...	...	...	...	..	1	...	...	8	...	...	...	...	...	...
		...	...	...	·41	15·41	...	...	...	·06	1·11	...	·04	·49	·62	[illegible]	·15	·13	26·40	8·36	3·82	4·12	7·90	10·56	·10	·14
Satara	100	...	...	...	1	3	...	...	...	...	3	...	...	3	1	2	...	1	66	100	8	29	12	17	...	...
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	1	...	...	...
		...	...	..	·02	·23	...	...	...	...	·77	...	...	·50	·13	·07	...	·01	5·79	8·65	·73	2·59	1·31	1·16	...	...
Poona	2,353	3	...	2	74	370	...	3	...	1	31	14	4	29	27	37	1	18	980	2,367	112	267	114	487		11
		...	...	...	19	1	...	...	...	...	1	1	...	1	...	...	1	...	...	27	...	...	...	...	...	...
		·07	...	·35	9·35	9·89	...	·29	...	·06	3·81	2·01	·35	2·01	7·24	1·04	·01	·95	76·27	159·07	9·25	21·60	9·87	35·55	·07	2·20
Kirkee	762	2	...	...	5	124	2	...	...	...	3	1	2	5	5	4	1	4	309	755	38	85	63	1	1	
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	4	...	...	...	...	...	...
		·09	...	...	1·0	3·51	·12	...	·13	...	·19	·25	·19	·27	·17	·13	·23	·18	24·42	44·16	4·48	7·54	5·30	7·10	·08	·21
Ahmednagar	910	...	...	...	6	139	...	...	3	...	35	4	2	43	4	3	1	10	200	953	19	50	50		...	7
		...	...	...	2	...	...	...	...	...	1	1	...	...	...	...	...	...	...	6	...	...	...		...	...
		...	...	...	·94	3·89	·03	...	·38	...	3·76	·41	·36	2·01	·13	·04	·05	·59	19·51	52·16	1·78	4·50	4·20	9·03	...	·80
GROUP IX.—DECCAN	* 10,262	31	...	2	180	2,230	43	131	8	18	165	31	30	195	138	96	10	118	3,534	11,190	675	829	613	1,417	24	36
		...	...	...	40	1	1	..	...	2	7	4	1	1	2	...	7	...	1	92	...	..	1	...	...	...
		1·70	...	·35	26·64	66·41	5·55	10·02	1·44	·92	16·79	4·27	2·57	9·71	14·36	2·41	1·25	8·66	294·84	678·63	61·82	68·17	58·06	106·79	·41	5·38
Colaba	1,333	1	...	3	2	205	...	5	...	..	14	7	9	23	9	7	1	21	416	1,152	133	62	52	169	...	2
		...	...	...	2	...	..	...	...	...	3	1	1	...	...	...	...	...	...	12	...	...	...	...	...	...
		·04	...	·30	·34	6·16	...	·32	...	...	2·33	1·12	2·14	3·18	1·12	·92	·01	2·87	29·95	85·43	5·36	6·13	8·20	10·26	...	·75
Cannanore	106	...	...	...	...	5	...	1	...	...	...	1	...	3	2	3	...	1	60	137	7	22	7	24	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
		...	...	...	...	·11	...	·02	...	...	...	·02	...	·07	·05	·04	...	·02	4·02	6·56	·48	1·49	·53	1·52	·04	...
Calicut	92	...	...	...	1	1	1	...	...	..	...	...	...	...	2	...	...	1	36	88	4	4	5	23	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	·22	·02	·14	...	...	...	...	...	...	...	·21	...	...	·10	1·48	3·95	·15	·19	·17	·97	...	...
Mallapuram	140	...	...	...	1	1	1	...	...	1	4	1	...	1	3	1	...	...	32	127	3	5	6	18	...	...
		...	...	...	...	...	...	...	...	1	..	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
		...	...	..	·13	·04	·01	...	...	·01	·10	·19	...	·01	·13	·01	...	...	2·25	5·55	·14	·30	·38	1·43	...	...
GROUP X WESTERN COAST.	1,672*	1	...	3	4	212	2	6	...	1	18	9	9	27	16	11	1	23	544	1,504	147	93	70	234	1	2
		...	...	...	2	...	...	...	...	1	3	1	1	...	...	...	...	...	...	14	...	...	...	...	...	...
		·04	...	·30	·69	6·33	·15	·34	..	·01	2·43	1·33	2·14	3·26	1·51	·97	·01	2·99	37·70	101·49	6·13	8·11	9·28	14·18	·04	·75

* Derived from the aggregate.

1. ADMISSIONS. 2. DEATHS. 3. CONSTANTLY SICK.

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Tænia.	Other Entozoa.
A																										
Bellary	511	11	...	...	10	116	...	34	2	6	12	1	2	18	9	...	...	12	228	879	35	48	48	97	5	1
		...	...	...	4	...	...	...	...	...	1	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...
		·47	...	...	·34	5·60	...	1·65	·11	·67	2·13	·23	·39	·10	·68	...	·26	·40	31·07	75·32	3·72	6·96	7·91	12·48	·08	·83
Bangalore	2,156	3	...	...	41	193	...	23	1	1	26	6	8	25	30	28	3	9	733	2,103	53	260	170	250	8	11
		...	...	...	9	...	...	...	...	...	...	...	...	...	2	...	2	...	...	17	...	...	...	...	...	...
		·03	...	...	7·48	7·87	...	1·79	·13	·01	1·46	1·23	·70	1·23	3·01	·87	·32	·38	68·61	143·00	5·79	28·07	14·42	20·33	·38	1·02
B																										
Trichinopoly	36	...	...	...	...	3	1	1	...	...	...	...	...	...	...	...	...	...	9	18	...	3	4	2	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	·03	·02	·05	...	...	·06	...	...	...	...	...	...	...	·65	·89	...	·20	·25	·19	...	...
St. Thomas' Mount	308	7	...	...	...	12	...	4	...	...	4	...	...	6	11	1	...	6	52	246	15	7	12	18	1	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		·18	...	...	...	·28	...	·10	...	...	·32	·05	...	·34	·63	·03	...	·95	6·63	17·71	1·95	1·03	1·76	1·89	·01	...
Madras	522	10	...	...	6	17	...	1	...	1	9	2	4	15	4	...	2	8	194	659	27	58	19	90	...	1
		...	...	...	3	1	...	...	...	1	...	...	...	...	...	...	2	...	...	11	...	...	...	...	...	...
		·22	...	...	·40	·61	...	·05	...	·04	·71	·24	·38	·55	·21	...	·06	·59	6·98	27·32	1·19	1·91	·67	3·21	...	·53
GROUP XI.—SOUTHERN INDIA.	*3,573	31	...	...	57	341	1	63	3	8	51	9	14	64	54	29	5	35	1,216	3,905	130	376	253	457	14	13
		...	...	...	16	1	...	...	...	1	2	...	...	...	2	...	4	...	...	35	...	...	...	...	...	...
		·90	...	...	8·22	14·39	·02	3·64	·24	·72	4·68	1·75	1·47	3·02	4·59	·90	·64	2·32	113·94	261·24	12·65	38·17	25·02	38·10	·47	2·38
Ranikhet	1,207	20	24	...	33	146	1	10	1	...	18	10	10	13	14	86	2	15	251	1,003	35	77	41	98	5	...
		...	16	...	4	...	...	...	...	...	...	...	...	...	1	...	2	...	...	23	...	...	...	...	...	...
		·77	·69	...	4·93	2·82	·16	·98	·19	...	3·81	5·19	1·11	1·4	1·95	1·95	·08	1·88	9·08	59·84	1·99	2·22	2·85	2·02	·09	...
Chaubuttia	474	22	...	...	5	14	...	...	...	...	4	1	4	7	1	14	...	1	73	339	1	23	16	33	3	...
		...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	3	...	...	...	...	...	...
		1·51	...	...	·84	·46	...	...	...	...	·37	1·13	·45	·	·24	·56	...	·27	6·17	23·06	·32	1·87	1·40	2·58	·05	...
Chakrata	1,053	...	...	...	5	156	...	...	1	...	54	1	1	51	17	5	1	13	214	906	25	23	68	98	2	...
		...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	1	...	...	7	...	...	...	...	...	...
		...	...	...	1·16	6·33	...	...	·16	...	3·92	·06	·08	1·99	1·39	·20	·09	·61	19·48	58·20	2·94	3·45	5·49	7·60	·03	...
Lebong	602	...	...	...	8	19	1	5	...	...	9	...	2	11	11	19	2	21	161	396	16	35	72	38	...	2
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	7	...	...	1	...	...	...
		...	...	...	1·23	·07	·02	·20	...	...	·12	...	[illegible]	·07	1·06	·73	·50	3·08	18·50	30·05	2·82	4·26	7·00	4·42	...	·07
Solon	215	...	...	2	3	25	...	9	1	...	2	...	1	3	5	3	1	7	40	176	9	8	7	16	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	·35	·66	·54	...	·47	·24	...	·07	...	·15	·08	·35	·06	·17	·72	3·17	10·14	·88	·50	·61	1·18	...	...
Dagshai	633	...	...	...	13	141	...	2	...	1	17	1	4	30	6	4	2	20	130	757	11	19	43	57	4	9
		...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	2	...	...	4	...	...	...	...	...	...
		...	...	...	3·51	5·63	...	·12	...	·02	2·47	·71	·45	1·28	·28	·10	·16	·96	10·01	48·51	1·15	1·61	3·08	4·17	·07	2·94
Subathu	368	...	...	...	2	32	3	2	...	1	3	4	...	12	4	3	1	1	59	269	2	20	6	31	3	...
		...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	...	...	3	...	...	...	...	...	...
		...	...	...	·53	1·35	·38	·18	...	·02	·45	·81	...	·98	·20	·06	·29	·41	3·26	16·67	·21	·94	·69	1·42	·05	...
Jutogh	237	...	...	...	4	15	...	4	...	1	2	...	1	4		4	...	3	28	145	1	9	9	9	...	...
		...	...	...	1	...	...	...	...	...	...	...	1	...		...	...	...	...	2	...	...	...	...	...	...
		...	...	...	·94	·66	...	·17	...	·15	·18	...	·04	·12	·26	·0	...	·11	2·43	8·51	·06	·89	·74	·74	...	...
Khyragully	48	...	...	...	1	10	...	...	...	...	5	...	...		...	...	...	...	6	39	1	...	4	1	...	...
		...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	·17	·40	...	...	...	...	·11	...	...	...	...	...	...	...	·43	1·86	·04	...	·38	·01	...	...
Baraguily	52	...	...	...	...	2	...	...	...	...	...	...	...	1	...	...	...	...	6	30	...	1	3	2	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
		...	...	...	...	·02	·06	...	...	...	...	...	...	·03	...	...	...	...	·42	1·33	...	·02	·18	·22	...	...
Kuldannah	505	...	...	...	3	93	...	1	...	1	1	...	1	3	2	5	1	4	1	330	42	4	25	20	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...
		...	...	...	·57	2·50	...	·06	...	·03	·13	...	·05	·12	·15	·09	...	·09	9·84	18·88	4·19	·99	2·58	2·08	·02	...
Kalabagh	53	...	...	...	...	10	1	...	...	...	...	...	...	2	...	...	...	...	6	44	...	1	2	3	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	·15	·07	...	...	...	...	...	...	·04	...	...	...	...	·29	1·22	...	·03	·12	·14	·05	...
Camp Gharial	277	...	...	...	1	13	1	1	1	2	13	...	...	9	4	1	...	1	136	345	15	55	11	55	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
		...	...	...	·12	·43	·03	·06	·21	·31	1·02	...	...	·34	·16	·01	...	·01	10·54	20·78	1·51	4·84	·67	3·52	...	...
" Thobba	447	...	...	...	1	19	2	...	...	1	...	...	...	2	1	2	1	...	42	156	...	30	2	10	...	...
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
		...	...	...	·20	·65	·10	...	...	...	...	...	...	·11	·07	·08	·02	...	4·14	10·01	...	3·19	·10	·85	...	...
" Upper Topa	238	...	...	...	1	16	...	...	1	...	4	...	...	...	1	5	...	4	35	112	2	9	8	16	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	·19	·50	...	...	...	...	·28	...	...	...	·14	·07	...	·16	3·04	6·93	·14	·62	1·31	·97	...	...
" Lower Topa	106	...	...	...	1	8	...	...	...	...	2	...	...	...	1	...	1	...	18	63	4	5	3	6	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	·20	·40	...	...	...	...	·09	...	...	...	·06	...	·12	...	1·56	4·13	·43	·45	·18	·50	...	...
Khanspur	465	3	...	...	2	46	...	5	...	...	3	...	2	5	1	7	1	...	50	353	3	20	10	17	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...
		·14	...	...	·31	1·91	...	·43	...	...	·48	...	·22	·26	·13	·19	·22	...	4·41	16·07	·36	1·68	1·23	1·14	...	...
Cherat	329	...	...	...	9	5	1	9	...	1	5	...	...	...	4	1	...	...	14	164	1	1	4	8	...	...
		...	...	...	3	...	...	...	...	...	2	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...
		...	...	...	1·68	1·62	·18	·65	·08	·06	1·06	1·37	...	...	·44	·07	...	·10	2·64	21·31	·03	·83	·89	·89	...	...

* Derived from the aggregates.

TABLE IV—*continued.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables I—III have been calculated.

1. Admissions. 2. Deaths. 3. Constantly sick.

Stations and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Tænia.	Other Entozoa.
Quetta	2,447	2	2	...	42	246	...	99	...	1	36	5	16	74	32	30	8	54	272	1,091	10	83	52	127	5	2
		...	1	...	6	...	...	...	...	...	6	...	3	...	...	...	1	...	1	24	...	...	1	...	...	...
		·08	·02	...	8·00	9·04	...	4·00	...	·04	6·07	2·00	2·61	5·35	·32	1·00	1·33	4·84	26·53	121·22	1·20	11·31	5·02	9·00	·08	·14
Ramandrug	10	..	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1	4	...	...	...	1	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.	...
		...	...	...	...	·02	...	...	...	...	...	...	...	...	·02	...	...	...	·07	·14	...	...	...	·07	...	...
Maymyo	155	2	...	..	..	71	8	...	...	...	1	...	1	2	2	1	..	2	44	163	2	15	7	19	...	...
		...	...	...	...	1	1	..	...		...	...	1	...	...	...	...	...	...	3	...	...	...	...	...	...
		·21	...	...	...	3·20	·50	...	...	...	·01	...	·01	·01	·0·	·01	..	·20	2·70	7·80	·15	1·10	·25	1·20	...	...
Group XII*a*.—Hill Stations.	* 9,921	49	26	2	134	1,088	18	147	5	9	170	22	43	220	109	190	21	145	1,677	7,385	180	439	393	665	21	13
		...	17	...	17	2	1	...	...	1	10	1	6	...	2	...	10	...	2	88	...	...	2	...	...	...
		2·71	·71	·35	25·24	38·50	1·50	7·32	·88	·63	20·64	11·30	5·24	12·57	7·29	5·24	2·98	13·44	138·71	486·66	18·42	40·80	34·77	44·72	·43	3·15
Darjeeling	369	...	...	...	3	78	3	...	...	...	3	...	2	10	12	5	2	18	113	355	10	16	39	48	...	...
		...	...	...	2	...	...	...	...	...	..	...	...	...	...	...	2	...	...	6	...	...	...	...	...	...
		...	...	...	·22	2·01	·63	·09	...	...	·23	...	·20	·29	·76	·20	·06	1·13	8·54	19·72	·95	1·48	3·53	2·57	...	...
Naini Tal	142	..	1	...	1	21	...	...	...	...	1	...	...	1	6	10	2	3	50	131	4	20	8	18	...	...
		...	1	...	...	...	...	...	...	...	...	...	...	..	1	...	2	...	1	6	...	...	1	...	...	...
		...	...	...	·20	·92	...	...	...	...	·02	...	...	·02	·27	·23	·34	·09	5·20	9·80	·83	2·30	1·20	·87	...	...
Landour	183	...	...	...	2	52	...	...	2	...	2	...	1	4	...	2	...	3	59	203	6	8	11	34	...	...
		...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	·50	3·43	·05	...	·20	·25	·21	...	·01	·19	...	·03	...	·15	5·30	13·27	·39	·78	1·84	2·20	...	...
Kasauli	386	...	...	...	14	55	6	...	...	...	11	2	1	20	7	25	1	2	56	569	15	5	14	22	7	1
		...	...	...	2	...	..	...	...	...	2	...	...	...	...	..	...	...	...	4	...	...	...	...	...	...
		...	...	...	2·63	1·74	·62	...	...	...	·81	·89	·34	1·04	·52	·81	·02	·05	6·46	34·24	1·81	·35	2·49	1·81	·41	·01
Dalhousie	899	...	1	...	1	231	...	...	...	...	14	5	1	9	6	2	1	24	253	725	13	65	86	74	...	...
		...	:	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	4	...	...	...	...	...	...
		...	·01	...	·18	8·33	...	...	...	·02	·87	·65	·03	·60	·46	·08	·10	1·15	26·77	54·01	1·26	6·69	11·62	7·20	...	...
Murree	128	...	...	...	1	7	...	...	...	...	2	1	...	3	3	1	1	2	13	62	...	4	1	8	...	...
		...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	1	...	1	5	...	...	1	...	...	1
		...	...	...	2·22	1·87	·07	·59	·03	·03	·26	2·26	·26	·56	·08	·03	·29	·10	1·91	22·33	·05	·31	·43	1·12	...	2·58
Taragarh	44	...	1	...	2	9	...	27	...	...	1	...	...	...	...	2	...	1	21	92	3	7	4	7	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	·07	...	·18	·28	...	1·02	...	...	·01	...	...	...	...	·04	...	·05	·69	3·29	·10	·20	·17	·22	...	...
Mount Abu	121	...	...	...	6	72	3	1	...	...	1	2	2	1	1	...	...	3	24	166	8	2	13	1	...	1
		...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	·77	2·95	·17	·05	...	...	·07	·25	·27	·04	·11	...	...	·35	2·35	11·20	·68	·08	1·53	·06	...	·16
Pachmarhi	128	...	...	...	6	19	3	...	...	...	1	1	...	...	4	...	...	...	12	84	...	3	4	5	...	...
		...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...
		...	...	...	·54	·72	·18	...	...	...	·35	·39	...	...	·15	...	...	...	·78	4·44	...	·18	·42	·18	...	...
Purandhur	139	...	...	...	1	16	...	...	1	...	3	...	2	6	5	1	...	3	21	98	2	5	9	5	...	...
		...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	·11	·91	...	...	·04	...	·08	·25	·10	·24	·16	·03	...	·01	3·32	7·58	·10	1·14	1·72	·36	...	...
Khandalla	44	...	..	...	...	21	...	...	...	...	...	...	...	...	1	1	1	1	9	48	...	3	4	2	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...
			...	...	..	1·00	...	...	...	...	...	...	...	...	·14	·05	·02	·02	·81	3·23	...	·16	·36	·29	...	...
Wellington	1,091	3	...	...	10	101	3	1	...	...	44	13	3	39	26	30	2	8	315	1,241	74	30	106	105	3	7
		...	...	...	...	1	...	...	...	...	.	...	...	...	2	...	2	...	...	5	...	...	...	...	...	...
		·10	...	...	2·30	4·06	·21	·05	·09	...	·69	1·89	·27	1·11	1·45	1·11	·29	·57	26·49	71·30	7·92	2·87	9·57	6·13	·07	·83
Group XII*b*.—Hill Convalescent Depôts, and Sanitaria.	* 3,673	3	3	...	45	682	18	29	3	...	83	24	12	93	71	79	10	68	931	3,773	135	168	299	329	10	9
		...	2	...	10	1	...	...	...	...	2	1	2	2	3	...	8	...	2	40	...	...	2	...	...	1
		·10	·08	...	9·65	28·22	1·93	1·80	·36	·30	5·60	6·59	1·53	4·09	4·10	2·62	1·12	3·67	88·62	254·46	14·10	16·54	34·88	23·10	·51	3·58
Troops marching, Bengal.	716	...	...	1	12	193	3	3	...	1	2	1	4	1	13	5	1	2	157	616	14	53	13	77	1	...
		...	...	...	..	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	·01	·07	1·62	...	·02	...	...	·0·	·01	·03	·09	·04	·03	·01	·01	·89	4·07	·05	·36	·06	·42	...	...
Troops marching, Punjab.	645	...	...	2	3	212	2	5	1	...	5	...	4	5	19	6	...	1	58	496	7	10	9	32	...	..
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...
		...	...	·01	·03	·78	·01	·03	·01	...	·0:	...	...	·02	·04	·01	...	·01	·56	2·31	·22	·05	·08	·21	...	...
Troops marching, Madras.	38	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	7	...	1	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	·01	·11	...	·01	...	...	...	...
Troops marching, Burma.	79	...	...	...	1	22	...	...	...	...	...	..	...	...	1	...	..	...	4	30	...	1	...	3	...	...
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Troops marching, Bombay.	142	...	...	...	...	36	...	...	...	...	1	1	1	2	...	2	...	...	3	62	...	1	1	1	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...
		...	...	...	...	·48	...	...	...	...	·01	...	·01	·03	...	·02	...	...	·04	·77	·02	·01	·01	...	...	...
Delhi Manœuvres and Durbar Force.	774	...	...	5	12	65	1	...	...	...	3	3	25	21	13	6	1	5	172	479	17	70	11	74	...	...
		...	...	...	5	1	...	...	...	...	1	...	5	1	...	...	...	1	...	15	...	...	...	...	...	...
		...	...	·19	1·08	1·64	·02	...	...	...	·05	·07	·98	·57	·41	·07	·02	·12	1·66	10·50	·26	1·18	·21	1·01	...	...
Aden Column Field Force.	832	2	...	...	18	335	...	1	...	4	16	2	2	14	59	9	...	10	29	719	4	2	9	14	1	...
		...	...	...	4	3	..	...	...	1	...	...	1	...	8	...	...	...	...	23	...	...	...	...	...	...
		·7	...	...	2·19	11·39	.	·02	...	·05	1·3[illegible]	·25	·13	·51	3·05	·44	...	·53	1·80	32·62	·20	·17	·54	·89	·0[illegible]	...
Deolali Depôt	822	...	...	1	14	150	.	2	...	7	64	44	5	32	21	3	15	20	273	1,105	74	10	100	89	2	126
		...	...	...	...	2	.	...	...	...	...	3	1	1	...	...	2	1	...	12	...	...	...	...	...	...
		.	...	·11	·60	3·98	...	·13	...	·13	2·96	2·32	·28	1·44	·95	·08	·43	·9	21·33	57·35	4·60	·50	10·51	5·72	·05	6·25
Poonamallee Depôt	141	...	...	...	1	5	...	...	...	...	8	2	1	8	17	1	...	5	25	137	1	2	16	6	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...
		...	...	...	·30	1·47	·25	...	...	·08	3·04	3·95	·16	2·39	5·18	·24	·29	·81	26·52	59·38	2·57	4·49	9·61	9·85	...	...

* Derived from the aggregates.

1. ADMISSIONS. 2. DEATHS. 3. CONSTANTLY SICK.

STATIONS AND COMMANDS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Tænia.	Other Entozoa.
EXTRA INDIA. Aden	931	... ...	... ...	1 1 ·01	5 2 ·41	605 ... 21·22	5 ... ·12	21 ... 1·31	... ...	6 4 ·63	62 1 2·90	1 ... ·40	5 1 1·04	24 1 2·37	25 ... 1·03	13 ... ·35	2 1 ...	18 ... 2·27	197 ... 12·50	1,470 15 71·14	36 ... 2·74	35 ... 3·78	28 ... 1·76	98 ... 4·22	... ...	... ...
INDIA. † Remaining from 1902. Admitted Died Died out of Hospital. Constantly sick. Average duration of a case in days.	* 70,445	2 215 ... ... 9·09 15·43	... 81 57 ... 1·90 8·56	3 68 8 ... 8·24 44·23	151 1,384 295 1 205·07 54·35	427 17,091 24 ... 559·10 11·94	17 281 10 ... 23·75 30·86	18 1,300 1 ... 58·31 16·37	5 35 2 ... 4·64 48·39	... 307 54 15 15·01 19·03	107 1,129 54 19 110·20 35·63	57 240 17 ... 55·52 84·41	42 323 40 ... 31·78 35·91	84 1,447 15 1 77·51 19·55	83 1,192 49 ... 95·64 29·59	25 949 ... ... 30·55 11·75	30 169 91 1 21·20 45·79	59 829 4 ... 62·45 27·50	1,405 17,401 10 .. 1,569·49 32·92	3,834 72,800 919 84 4,429·79 22·21	194 2,338 ... ... 231·25 36·10	420 4,336 ... ... 407·43 34·30	283 3,257 10 ... 351·20 39·36	508 7,470 ... ... 579·61 28·32	2 172 ... ... 4·90 10·40	25 324 1 ... 42·20 47·54
BENGAL	* 21,850	120 ... 5·88	37 24 1·00	41 5 5·45	494 96 76·37	4,123 2 147·00	79 1 7·75	519 ... 26·93	11 1 1·51	158 19 8·91	263 13 27·38	47 6 15·58	95 16 8·29	443 9 23·15	441 16 38·39	309 ... 9·67	73 48 9·11	230 1 23·74	5,489 6 490·91	21,357 338 1,385·49	495 ... 53·69	1,481 ... 137·11	870 6 95·36	2,643 ... 204·75	51 ... 2·12	45 ... 5·86
PUNJAB	* 17,997	7 ... ·24	40 31 ·80	15 2 1·83	357 79 51·08	5,617 6 173·35	86 2 6·35	379 ... 12·85	12 1 1·46	69 12 3·69	267 15 24·10	54 2 16·72	87 6 9·32	324 1 13·91	190 8 11·76	284 ... 9·28	30 15 4·45	181 .. 11·14	3,170 1 311·72	18,125 216 1,016·11	465 ... 54·70	692 ... 69·58	637 1 77·73	1,326 ... 109·7	54 ... 1·32	28 1 7·99
MADRAS	* 3	34 ... 1·00	... ...	... ...	106 26 16·67	1,267 2 46·69	37 1 3·99	120 ... 6·28	6 ... ·74	12 2 ·92	173 6 17·50	33 .. 9·22	28 1 2·70	192 ... 10·38	172 5 16·18	84 ... 2·82	10 9 2·00	112 ... 7·43	3,138 ... 308·42	10,039 73 687·01	663 ... 66·27	660 ... 65·38	676 ... 77·09	1,139 ... 98·68	30 ... ·75	36 ... 5·38
BURMA	* 3,616	9 ... ·4	1 1 ·01	... ...	28 11 4·17	762 5 26·22	45 5 2·92	56 ... 2·15	1 ... ·24	3 ·14	51 1 8·23	13 1 1·91	6 3 ·33	118 1 6·60	89 8 7·51	58 1·61	9 5 1·17	29 1 2·50	1,252 ... 113·69	4,238 47 264·05	124 ... 11·49	361 ... 34·29	295 ... 31·45	472 ... 35·46	15 ... ·29	36 ... 7·30
BOMBAY	* 15,990	22 ... ·81	3 1 ·09	7 1 ·77	369 74 54·51	4,922 5 152·81	33 1 2·72	225 1 10·08	5 ... ·69	61 20 2·30	355 17 31·57	88 8 10·77	78 8 10·03	335 3 22·39	228 4 19·34	199 .. 6·67	46 14 4·45	212 1 16·90	4,151 3 340·29	17,832 197 1,033·9	570 ... 41·64	1,070 ... 98·72	709 3 68·8	1,802 ... 128·11	21 ... ·41	179 ... 15·67

1. STRENGTH. 2. CONSTANTLY SICK.

GROUPS AND COMMANDS.	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL.
GROUP I.—BURMA COAST AND BAY ISLANDS.	940 84·58	922 89·18	974 101·90	980 118·34	997 99·00	983 98·60	969 114·75	967 112·07	930 91·40	933 94·71	1,015 95·80	1,090 109·13	11,700 1,209·46
,, II.—BURMA INLAND	2,052 194·28	2,456 167·14	2,584 173·71	2,122 160·03	2,349 140·87	2,723 149·63	2,699 176·16	2,728 177·83	2,683 163·96	2,623 133·85	2,006 112·66	1,865 115·35	28,890 1,865·47
IV.—BENGAL AND ORISSA.	2,510 199·26	2,842 205·53	1,878 164·55	1,739 115·89	1,726 116·19	1,684 98·76	1,663 105·96	1,606 133·38	1,601 134·73	1,654 150·06	1,716 138·36	2,320 179·77	22,939 1,742·44
,, V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	6,057 507·70	6,744 556·97	6,953 490·86	6,867 479·90	6,833 485·32	6,724 482·54	6,626 466·94	6,772 430·11	6,834 383·98	7,030 390·82	7,682 427·20	6,846 373·75	81,968 5,476·09
,, VI.—UPPER SUB-HIMALAYA.	12,708 953·04	18,142 1,061·00	17,873 1,005·36	13,651 816·24	10,578 651·91	10,157 621·80	9,932 593·11	9,850 570·92	10,092 653·33	11,896 766·30	17,371 1,139·07	16,886 1,149·99	159,136 9,982·07
,, VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA.	5,537 366·52	5,744 324·14	5,684 245·53	5,430 242·87	3,979 224·69	3,890 225·27	3,785 224·03	3,804 248·51	3,872 236·14	4,570 277·44	5,472 323·13	5,132 300·45	56,899 3,238·72
,, VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	4,684 413·62	5,785 400·21	6,310 381·16	6,447 449·14	6,306 483·82	6,245 442·55	6,260 441·49	6,330 410·94	6,340 453·44	6,313 501·48	6,245 545·29	5,897 433·96	73,162 5,357·10
,, IX.—DECCAN	10,715 634·39	10,259 668·55	10,530 646 25	10,263 602·22	10,036 567·20	10,100 633·19	10,166 677·65	10,247 742·42	10,482 764·83	10,309 791·55	10,122 735·73	9,912 679·57	123,141 8,143·55

Note.—Constantly sick × 365 = total annual loss of service.
* Derived from the aggregates.
† Remaining + admitted = total treated; remaining + admitted + died out of hospital = total cases.

TABLE IV—*concluded.*

GROUPS AND COMMANDS.	1. STRENGTH. 2. CONSTANTLY SICK.												TOTAL.
	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	
GROUP X.—WESTERN COAST	1,587	2,043	1,603	1,619	1,500	1,509	1,523	1,532	1,601	1,969	1,549	2,024	20,059
	93·90	131·07	111·42	96·17	80·93	84·40	96·16	101·00	108·77	121·65	96·07	96·44	1,217·98
„ XI.—SOUTHERN INDIA	4,329	3,552	3,598	3,509	3,409	3,420	3,373	3,416	3,435	3,565	3,621	3,654	42,881
	314·78	295·82	281·35	240·73	243·81	258·00	280·13	282·61	271·28	257·87	247·30	197·16	3,170·84
„ XII*a*.—HILL STATIONS	3,012	2,844	5,394	10,363	15,455	15,819	15,919	15,821	15,455	10,758	4,616	3,591	1,190·47
	201·89	134·00	244·48	466·30	705·29	768·79	782·35	796·66	737·39	530·09	276·53	196·09	5.839·85
„ XII*b*.—HILL CONVALESCENT DEPÔTS, AND SANITARIA.	1,001	963	1,923	4,745	5,970	6,114	5,869	5,631	5,215	3,590	1,609	1,445	44,075
	89·08	55·78	112·84	303·44	396·66	411·40	426·87	416·45	354·90	244·91	126·63	114·71	3,053·67
INDIA	68,605	71,170	70,545	71,215	71,479	71,905	70,669	70,656	70,939	69,295	68,941	69,925	845,344
	4,373·50	4,386·65	4,245·37	4,299·72	4,365·54	4,523·92	4,593·86	4,637·99	4,539·97	4,476·92	4,507·98	4,206·05	53,157·47
BENGAL	18,124	22,238	22,002	22,492	22,788	22,586	22,274	22,276	22,361	22,183	21,495	21,514	262,333
	1,347·66	1,442·38	1,386·58	1,435·74	1,482·79	1,465·72	1,481·00	1,427·61	1,343·99	1,296·59	1,281·48	1,234·24	16,625·78
PUNJAB	13,133	17,160	18,581	18,609	19,125	19,226	19,028	18,961	18,968	16,922	17,949	18,305	215,965
	910·81	916·46	880·95	902·93	1,009·15	1,083·93	1,116·58	1,108·24	1,055·19	967·26	1,148·88	1,092·97	12,193·33
MADRAS	9,790	9,209	9,206	9,577	9,496	9,560	9,477	9,451	9,296	9,282	9,169	8,990	112,507
	722·82	705·14	680·91	666·63	650·12	706·73	722·81	708·35	700·21	717·30	670·21	592·95	8,244·18
BURMA	2,992	3,378	3,718	3,744	3,757	3,789	3,772	3,791	3,711	3,646	3,506	3,590	43,396
	278·86	256·32	275·61	290·84	250·39	254·73	302·85	306·20	269·96	241·43	213·26	227·96	3,168·50
BOMBAY	15,728	17,854	15,720	15,675	15,481	15,483	15,349	15,239	15,457	16,932	16,159	16.807	191,884
	984·06	1,057·57	995·15	967·67	936·15	937·35	928·46	1,029·37	1,119·17	1,246·50	1,172·88	1,032·70	12,407·02

TABLE V.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, and SUGGESTIONS, etc.

[The ratios of sickness and mortality will be found in Table III.]

BENGAL COMMAND.

Barrackpore.—The following defects have been brought to notice:—(1) The bathing lavatories have not yet been improved, and in consequence their floors and woodwork are wet and sodden. The lavatories and latrines are of an ancient type. (2) The pipes for carrying off the waste drinking water from the verandahs have been very badly laid, and as a result the water falling from them splashes on the ground round about, and the place is constantly damp. As the aspect is northern the sun exercises no drying effect and the ground outside the foundations is always sloppy and moist. With a little contrivance the water could be directed into the northern drain and this insanitary condition could be removed. (3) The sanitation of the station is practically in the same condition as it was last year, but the plantain plantations at the back of the lavatories have been removed with great advantage. The smaller drains in the vicinity of the barracks are in better repair than they were last year; but they discharge into earthen drains, and at the point of fall there is generally after the subsidence of rain a depression filled with water, perfectly suited for the breeding of mosquitoes. The Senior Medical Officer has been able to have these filled up quickly after their formation and it is believed he has done his best in the matter, but the channels are radically bad. (4) The lavatories and latrines are much improved by having the upper fourth of the louvres removed and alternate plates taken out of the lower parts of them. The rooms are now low, lightsome and airy. The latrines, however, are now in a mouldering condition, the bricks having been powdery from absorption of water containing disintegrating salts for many years. They have a distinctly heavy smell although they are most carefully looked after. (5) The two main drains are exactly in the same state as last year. They are typical breeding places for all forms of mosquitoes. These drains are one of the principal causes of unhealthiness in this station. They would probably be harmless if they were floored with bricks to a height of four feet, or to such height as would prevent water from stagnating in them. There is a half-filled in jheel or tank at the north-west corner of Government House grounds which is also a specially good breeding place for mosquitoes. About a month ago it presented all the appearances one would expect to find in a typical miasmatic tropical swamp. (6) The same dirty conditions exist between the Cantonment Boundary and the Railway Station. Filthy little holes into which stable litter, horse stalings and manure are washed by every shower, line the roads on both sides. A tropically luxuriant jungle grows unchecked on both sides of the roads. In fact the conditions found in this part of Barrackpore betoken an entire absence of any sanitary attention. (7) In August and September, and in early November the place was swarming with disgusting blue flies with red heads, and these flies swarm on human ordure, carrion, and other filth. It is quite possible that there may be some causal relation to be found between these flies and the dysentery and abscess of the liver so prevalent in this station.

The General Officer Commanding the District, says as regards the defects numbered above:—(1) The gratings are being put down. (2) The pipes from the upper stories will be lengthened. (3) The small drains will be made "pucca" as funds are available. The suggestion concerning the large drain being made "pucca" is being considered. (4) No better site for the latrines can be found—it will, I think be better to substitute moveable iron latrines. (5) There are no funds available. I think too that the sickness in Barrackpore must be due to some far more deeply seated reason. (6) The municipalities apparently have no funds. This statement is by no means overdrawn. (7) These flies no doubt come from the trenches. Increased attention is being paid to the latter.

Dinapore.—The following defects have been brought to notice:—(1) The village of Shahpur adjoining the Native Infantry Line is a sanitary defect. A sum of money has recently been allotted by the Bengal Government for the removal of the adjoining portions of the village. (2) The ground in and around Cantonments is water-logged during the rains. (3) The drinking water (pipe supply) from the well in the station hospital compound was found to be contaminated and has since been boiled.

The General Officer Commanding the District remarks:—(1) The result may be awaited. (2) This cannot be remedied owing to natural causes, and it is outside cantonments.

The Lieutenant-General Commanding the Forces says as regards defect No. 3:—A Larymore boiler has been installed.

Jhansi.—No defects reported.

PUNJAB COMMAND.

Meean Meer.—The following defects have been brought to notice:—(1) The drainage is everywhere defective and this is undoubtedly very largely the cause of the great prevalence of malarial fevers. (2) The cholera among the natives is attributed to bathing in and drinking from the irrigation canal. From the natives the disease would naturally spread to the Europeans. The water is almos certainly infected with the *enteric* bacillus. The fever rate has been more than doubled by the introduction of the canal. (3) The cholera among Europeans is ascribed to infected milk and butter sold in the Royal Artillery Dairy. An outbreak of enteric fever that was going on coincidently in the Royal Field Artillery batteries stopped immediately when the men were put on tinned milk (4) The Royal Artillery Bazar is very insanitary—a breeding ground for all sorts of diseases. Its removal has often been recommended. (5) The Officer Commanding the 1st South Wales Borderers suggests that on account of its unhealthiness the British Troops should not be kept longer than one year in Meean Meer.

The General Officer Commanding the District, says as regards the defects numbered above:—(1) A drainage scheme on liberal lines is required and would require a special grant. The existing channels act well as far as they go, but they need improving, and in many places new channels are required. The expenditure would amply repay itself. No difficulty is anticipated. (2) The question of altogether closing the canal must be considered. The case against it is very strong. The canal supplies water for a little cultivation beyond the Cantonment. The canal authorities would make a new cut lower down. We gain in revenue something like R25,000 and lose not less than twice that in deaths, sickness and invaliding directly and indirectly, the loss is incalculable. If the canal were abolished and drainage extended and improved, Meean Meer would certainly become a healthy station. (3) A large central dairy with all modern appliances should be established at Meean Meer. A special grant would be needed. This could supply all the Cantonments in the district. (4) The bazaar should be removed.

The Lieutenant-General Commanding the Forces remarks on the above defects:—(1) No action has yet been taken. The difficulties are very great as the whole natural fall of the ground is very little. Even if drains were multiplied leading to the edge of the cantonments the water would only head up there during floods as the fall beyond is so very small. (2) The question of closing the canal has not been officially submitted yet. (3) The proposals for establishing a dairy have been submitted to the Quarter-Master-General in India, and is under consideration. (4) This is being considered. (5) It is under consideration.

Murree.—(1) The continuation of the drain to be made near pillar Nos. 24 and 35 of the Murree Depôt Cantonment which is outside Cantonments is in Municipal limits; and should be carried out by the Murree Municipality. This work cannot be paid for from the Cantonment funds. (2) With a view to render perfect surface drainage the few remaining drains, in the vicinity of the Mall Road within Murree Depôt Cantonment, are also recommended by the Sanitary Officer of the Cantonment to be made pucca, but for want of funds this work cannot be carried out.

The Lieutenant-General Commanding the Forces says as regards the defects:—(1) The General Officer Commanding the District has been asked to address the Civil Authorities on this subject. (2) This is a local matter.

TABLE V—*concluded.*

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, and SUGGESTIONS, etc.

[The ratios of sickness and mortality will be found in Table III.]

BURMA DISTRICT.

Rangoon.—The undermentioned defects have been brought to notice :—(1) The supply of water is deficient in quantity during the hot weather months, the quality of the water was good except towards the end of the hot weather, when the water was low. (2) There is overcrowding in the Native Infantry Barracks specially those of the 91st Punjabis. (3) There are no special sanitary defects except in the Boya Guda village where the houses are closely packed together and overcrowded and the surface drainage is defective.

The General Officer Commanding the District, writes as regards the defects numbered above :—(1) It is anticipated that sufficient water will be obtained from the tube well in the Supply and Transport Bakery compound for use during the ensuing hot weather. R75,000 has also been sanctioned for the water-supply at Rangoon for 1904-05. (2) Additional accommodation has been estimated for in the annual return of building requirements for 1904-05. The sum of R21,000 has been sanctioned for the accommodation of a Burma Battalion at Rangoon. (3) The question of removing the Boya Guda bazaar to Myeingon is now under consideration by the Government of Burma.

BOMBAY COMMAND.

Nasirabad.—An improvement in the system of trenching night soil is necessary.

The General Officer Commanding the District says :—A sum of R150 per mensem for a period of thirteen months from 1st December 1903 has been sanctioned by the Local Government.

Satara.—The drainage of a tank situated between the Church and the Native Infantry Lines is necessary.

The General Officer Commanding the District says :—The matter is under consideration, but no funds are at present available.

Mount Abu.—No defects reported.

TABLE VI.

INFLUENZA by months, stations, groups, and commands.

Stations* and Groups.	Admissions from Influenza in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Rangoon	...	...	...	2	...	...	...	...	...	1	...	...	3
Group I.—Burma Coast and Bay Islands	...	...	...	2	...	...	...	...	...	1	...	...	3
Thayetmyo	...	...	...	...	...	...	...	...	...	...	3	1	4
Shwebo	...	...	...	...	...	...	...	...	...	...	...	...	...
Group II.—Burma Inland	...	...	...	...	...	...	...	...	...	...	3	1	4
Fort William	...	1	...	...	...	...	...	4	16	1	...	...	22
Dum Dum	...	...	...	...	...	...	...	...	1	...	...	...	1
Barrackpore	...	...	...	...	...	...	...	21	...	...	...	...	21
Group IV.—Bengal and Orissa	...	1	...	...	...	...	...	25	17	1	...	...	44
B													
Dinapore	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitapur	2	1	...	...	...	...	...	...	...	...	...	...	3
Lucknow	...	...	...	...	...	...	...	1	4	...	1	...	6
Cawnpore	...	...	...	1	2	...	...	...	...	...	...	...	3
Group V.—Gangetic Plain and Chutia Nagpur	2	1	...	1	2	...	...	1	4	...	1	...	12
A													
Bareilly	...	...	...	...	...	...	...	...	...	...	1	...	1
Roorkee	...	...	1	...	...	...	...	3	...	...	...	...	4
Meerut	...	...	...	...	1	...	...	1	...	...	2	...	4
Umballa	...	...	...	...	...	...	1	1	1	...	...	...	3
B													
Jullundur	...	...	...	...	...	...	...	...	...	...	...	...	...
Meean Meer	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi	...	...	...	...	...	...	...	...	...	...	...	...	...
Campbellpur	...	...	...	...	...	...	...	...	...	1	...	...	1
Group VI.—Upper Sub-Himalaya	...	...	1	...	1	...	1	5	1	1	3	...	13
A													
Peshawar	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VII.—N.-W. Frontier, Indus Valley, and North-Western Rajputana.	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Jhansi	...	...	1	...	...	...	...	...	...	...	...	...	1
Group VIII.—South-Eastern Rajputana, Central India, and Gujarat	...	...	1	...	...	...	...	...	...	...	...	...	1
A													
Jubbulpore	...	...	...	8	4	...	...	...	...	...	...	...	12
Kamptee	...	1	5	6	2	...	...	...	...	...	...	...	14
B													
Poona	1	...	...	...	...	...	...	...	...	...	...	2	3
Kirkee	1	...	1	...	...	...	...	...	...	...	...	...	2
Group IX.—Deccan	2	1	6	14	6	...	...	...	...	...	...	2	31

TABLE VII.

CHOLERA by months, stations, groups, and commands.

Stations* and Groups.	Admissions from Cholera in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Rangoon	...	...	...	...	...	...	...	...	...	...	...	...	...
Group I.—Burma Coast and Bay Islands	...	...	...	...	...	...	...	...	...	...	...	...	...
Thayetmyo	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo	...	...	...	...	...	...	1	...	...	...	...	...	1
Group II.—Burma Inland	...	...	...	...	...	...	1	...	...	...	...	...	1
Fort William	...	8	...	...	...	...	...	...	...	...	...	...	8
Dum Dum	...	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IV.—Bengal and Orissa	...	8	...	...	...	...	...	...	...	...	...	...	8
B													
Dinapore	...	...	...	...	1	...	1	...	...	...	...	...	2
Fyzabad	...	...	...	...	...	...	...	...	1	...	...	...	1
Sitapur	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore	...	...	...	...	...	...	...	1	...	...	...	...	1
Group V.—Gangetic Plain and Chutia Nagpur	...	...	...	...	1	...	1	1	1	...	...	...	4
A													
Bareilly	...	...	...	...	...	...	...	...	...	...	...	...	...
Roorkee	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut	...	...	...	...	...	...	...	...	...	...	...	...	...
Umballa	...	...	...	1	3	...	3	...	1	...	...	...	8
B													
Jullundur	...	...	...	...	...	...	...	...	1	...	...	...	1
Meean Meer	...	...	...	...	...	13	...	...	...	...	...	...	13
Sialkot	...	...	...	...	...	...	...	...	10	...	...	...	10
Rawalpindi	...	...	...	...	2	...	...	...	...	...	...	...	2
Campbellpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VI.—Upper Sub-Himalaya	...	...	...	1	5	13	3	...	12	...	...	...	34
A													
Peshawar	...	...	...	...	1	3	1	...	...	...	...	...	5
Group VII.—N.-W. Frontier, Indus Valley, and North-Western Rajputana.	...	...	...	...	1	3	1	...	...	...	...	...	5
B													
Jhansi	...	...	...	...	...	...	...		...	...	...	...	...
Group VIII.—South-Eastern Rajputana, Central India, and Gujarat	...	...	...	...	...	...	...	...	...	...	...	...	...
A													
Jubbulpore	...	...	...	...	...	...	...	...	...	...	...	...	...
Kamptee	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Poona	...	...	...	...	...	...	...	...	...	...	...	...	...
Kirkee	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IX.—Deccan	...	...	...	...	...	...	...	...	...	...	...	...	...

* Stations where neither Influenza nor Cholera occurred are not shown in these tables. For the annual ratios, see Table III.

TABLE VI—*continued.*

INFLUENZA by months, stations, groups, and commands.

TABLE VII—*continued.*

CHOLERA by months, stations, groups, and commands.

Stations, Groups and Commands	Admissions from Influenza in each month.													Admissions from Cholera in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Colaba	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Group X.—Western Coast	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
A																										
Bellary	...	3	...	8	...	...	...	...	...	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore	...	1	...	...	...	...	...	...	...	...	...	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
St. Thomas' Mount	...	...	...	...	3	1	...	...	...	2	1	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras	...	...	...	...	4	5	...	...	...	...	1	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Group XI.—Southern India	...	4	...	8	7	6	...	...	...	2	2	2	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Ranikhet	...	...	...	15	4	1	...	...	...	...	...	...	20	...	...	...	...	...	...	10	14	...	...	...	...	24
Chaubuttia	...	...	...	15	7	...	...	...	...	...	...	...	22	...	...	...	...	...	...	...	...	...	...	...	...	...
Khanspur	...	...	...	...	3	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	1	...	1	...	...	...	...	2
Maymyo	...	...	...	...	...	...	2	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Group XII*a*.—Hill Stations	...	...	...	30	14	1	2	...	...	...	...	2	49	...	...	...	...	...	1	10	15	...	...	...	...	26
Naini Tal	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Dalhousie	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Taragarh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Wellington	...	...	...	...	1	2	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Group XII*b*.—Hill Convalescent Depôts, and Sanitaria	...	...	...	...	1	2	...	...	...	...	...	...	3	...	...	...	...	...	1	1	...	1	...	...	...	3
Aden Column Field Force	5	...	3	1	3	2	1	...	...	...	1	7	23	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIA	9	7	11	56	34	11	4	32	22	5	10	14	215	...	8	...	1	7	18	17	16	14	...	...	...	81
Bengal	2	2	2	39	18	1	...	30	21	1	4	...	120	...	8	...	...	1	...	12	15	1	...	...	...	37
Punjab	...	...	...	...	3	...	1	1	1	1	...	...	7	...	...	...	1	6	17	4	...	12	...	...	...	40
Madras	...	4	...	8	8	8	...	...	...	2	2	2	34	...	...	...	...	...	...	...	...	...	...	...	...	...
Burma	...	...	...	2	...	...	2	...	...	1	3	1	9	...	...	...	...	...	...	1	...	...	...	...	...	1
Bombay	2	1	6	6	2	...	...	1	...	...	...	4	22	...	...	...	...	...	1	...	1	1	...	...	...	3

TABLE VIII.

ENTERIC FEVER by months, stations, groups, and commands.

Stations* and Groups.	Admissions from Enteric Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon	1	...	...	...	...	3	1	1	2	1	...	...	9
Group I.—Burma Coast and Bay Islands	1	...	...	...	...	3	1	1	2	1	...	...	9
Thayetmyo	...	...	...	...	...	...	...	1	2	1	...	...	4
Meiktila	1	...	...	...	...	1	...	...	...	...	1	...	3
Fort Dufferin	...	3	...	...	...	...	...	...	...	1	1	...	5
Shwebo	...	...	...	...	...	...	1	...	...	...	...	1	2
Bhamo	...	...	2	...	...	...	...	1	1	...	...	...	4
Group II.—Burma Inland	1	3	2	...	...	1	1	2	3	2	2	1	18
Fort William	...	...	1	...	...	1	...	1	...	...	...	...	3
Dum-Dum	...	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore	...	...	2	...	1	...	1	...	...	1	...	...	5
Group IV.—Bengal and Orissa	...	...	3	...	1	1	1	1	...	1	...	...	8
B													
Dinapore	2	...	...	3	1	...	...	...	11	11	...	...	28
Benares	...	1	...	...	1	...	...	...	...	...	...	...	2
Allahabad	...	...	...	2	3	...	...	...	2	...	...	...	7
Fort Allahabad	...	...	...	1	...	...	...	...	...	...	...	...	1
Fyzabad	1	...	1	3	13	2	...	...	...	...	...	...	20
Sitapur	...	...	...	...	1	3	...	...	...	...	...	...	4
Lucknow	15	7	14	28	7	3	1	4	1	6	3	5	94
Cawnpore	2	...	3	1	4	...	...	...	3	2	2	4	21
Fatehgarh	...	...	...	...	...	...	...	...	...	...	...	...	...
Group V.—Gangetic Plain and Chutia Nagpur	20	8	18	38	30	8	1	4	17	19	5	9	177
A													
Shahjahanpur	2	...	...	1	...	...	...	1	1	3	...	...	8
Bareilly	1	1	...	2	3	...	1	...	1	1	1	...	11
Roorkee	...	...	...	1	4	1	...	...	...	1	...	...	7
Meerut	3	...	...	11	13	8	1	1	...	14	19	30	100
Delhi	...	1	2	1	...	...	...	...	...	2	1	...	7
Umballa	10	4	21	9	14	11	5	...	...	3	6	24	107
B													
Jullundur	...	...	...	...	...	...	...	...	...	...	...	...	...
Ferozepore	1	...	...	...	...	...	...	...	1	...	1	1	4
Amritsar	...	...	...	...	2	...	...	...	...	...	1	...	3
Meean Meer	...	...	...	1	4	3	1	3	2	...	1	1	16
Fort Lahore	...	...	...	...	...	...	...	...	...	...	1	...	1
Sialkot	...	...	2	2	1	9	1	1	4	4	9	6	39
Rawalpindi	1	2	2	3	8	8	3	2	7	...	3	20	59
Campbellpur	...	...	...	...	...	...	...	...	1	...	...	...	1
Attock	...	...	...	...	...	1	...	...	...	...	1	...	2
Group VI.—Upper Sub-Himalaya	18	8	27	31	49	41	12	8	17	28	44	82	365
A													
Nowshera	...	...	...	...	...	...	5	1	...	1	1	...	8
Peshawar	...	...	...	...	9	31	1	1	5	3	3	2	55
Mooltan	...	...	...	1	...	1	...	...	...	...	...	...	2
C													
Hyderabad	...	...	...	...	...	...	...	1	...	...	...	...	1
Kurrachee	...	1	...	...	...	...	...	1	...	...	1	...	3
Group VII.—North-West Frontier, Indus Valley, and North-Western Rajputana	...	1	...	1	9	32	6	4	5	4	5	2	69
A													
Deesa	...	...	...	1	4	...	...	...	1	...	...	...	6

TABLE IX.

SIMPLE CONTINUED FEVER by months, stations, groups, and commands.

Stations* and Groups.	Admissions from Simple Continued Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	...	2	...	...	...	...	...	...	...	...	1	...	3
Rangoon	1	...	...	...	9	...	...	...	...	...	...	...	10
Group I.—Burma Coast and Bay Islands	1	2	...	...	9	...	...	...	...	...	1	...	13
Thayetmyo	...	...	...	1	...	3	9	2	2	...	...	...	17
Meiktila	4	2	2	...	...	3	2	1	2	4	2	2	24
Fort Dufferin	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo	...	...	...	...	2	...	...	...	...	...	...	...	2
Bhamo	...	...	...	...	...	...	...	...	...	...	...	...	...
Group II.—Burma Inland	4	2	2	1	2	6	11	3	4	4	2	2	43
Fort William	...	...	...	1	...	2	5	7	1	...	...	...	16
Dum-Dum	...	...	...	...	...	1	2	1	...	...	...	...	4
Barrackpore	...	...	1	1	5	...	1	1	2	...	...	...	11
Group IV.—Bengal and Orissa	...	...	1	2	5	3	8	9	3	...	...	...	31
B													
Dinapore	...	...	...	...	...	1	...	...	7	4	1	...	13
Benares	...	...	...	...	...	...	...	5	1	1	2	...	9
Allahabad	...	...	...	1	1	...	...	...	1	...	...	...	3
Fort Allahabad	...	...	1	1	1	1	8	6	...	...	...	...	18
Fyzabad	...	...	1	12	7	7	11	7	2	...	...	...	47
Sitapur	2	...	...	...	...	...	5	9	5	8	5	1	35
Lucknow	...	2	1	3	8	18	7	...	...	57	22	3	121
Cawnpore	...	...	2	...	2	28	17	7	...	...	...	...	56
Fatehgarh	...	...	1	...	...	2	7	...	1	...	...	2	13
Group V.—Gangetic Plain and Chutia Nagpur	2	2	6	17	19	57	55	34	17	70	30	6	315
A													
Shahjahanpur	...	...	...	6	1	...	1	...	...	6	...	...	14
Bareilly	...	...	...	8	3	...	15	7	4	1	...	...	38
Roorkee	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut	...	...	...	...	...	2	3	...	...	1	2	...	8
Delhi	2	...	...	...	...	...	...	...	...	...	...	...	2
Umballa	...	4	5	5	1	...	2	6	5	...	...	...	28
B													
Jullundur	...	...	...	...	3	...	5	3	8	2	1	...	22
Ferozepore	...	...		...	1	...	1	...	1	...	...	...	3
Amritsar	...	...	...	...	...	...	...	...	...	...	...	...	...
Meean Meer	...	...	...	10	13	17	8	3	...	...	...	...	51
Fort Lahore	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot	...	...	...	...	...	...	1	3	...	...	...	...	4
Rawalpindi	...	1	1	...	...	...	...	...	2	9	...	...	13
Campbellpur	...	...	...	...	6	7	6	5	4	2	...	1	31
Attock	...	...	...	...	...	1	...	...	...	...	...	...	1
Group VI.—Upper Sub-Himalaya	2	5	6	29	28	27	42	27	24	21	3	1	215
A													
Nowshera	...	...	...	...	...	...	...	...	...	...	...	...	...
Peshawar	...	...	...	...	...	...	...	...	...	...	...	1	1
Mooltan	...	...	4	3	7	11	36	29	47	43	6	1	187
C													
Hyderabad	...	...	1	...	...	...	...	...	...	...	...	...	1
Kurrachee	...	...	...	1	...	...	1	...	...	...	...	...	2
Group VII.—North-West Frontier, Indus Valley, and North-Western Rajputana	...	...	5	4	7	11	37	29	47	43	6	2	191
A													
Deesa	...	...	...	...	...	...	...	...	...	...	...	...	...

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* Stations where neither Enteric Fever nor Simple Continued Fever occurred are not shown in these tables. For the annual ratios, see Table III.

TABLE VIII—*concluded.*

ENTERIC FEVER by months, stations, groups, and commands.

TABLE IX—*concluded.*

SIMPLE CONTINUED FEVER by months, stations, groups, and commands.

Stations and Groups.	Admissions from Enteric Fever in each month.													Admissions from Simple Continued Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
B																										
Neemuch	...	...	2	2	2	...	1	...	...	1	3	1	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad	1	1	39	14	5	1	...	3	7	5	6	...	82	...	...	7	8	2	13	18	5	...	...	...	...	53
Muttra	1	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra	...	...	4	7	3	1	...	1	2	2	...	2	22	...	...	2	...	...	2	2	...	1	...	...	...	7
Jhansi	10	1	10	6	1	...	...	2	2	1	1	3	37	...	1	...	1	...	3	...	...	...	...	...	...	5
Nowgong	...	...	1	1	1	...	...	1	2	3	...	1	10	...	...	...	...	3	3	4	2	...	...	...	...	12
Indore	...	...	1	...	1	...	...	...	2	...	1	1	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhow	2	3	16	17	12	6	5	5	3	4	1	1	75	...	2	2	...	...	3	...	...	...	...	...	...	7
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	14	5	73	48	29	8	6	12	19	16	13	9	252	...	3	11	9	5	24	24	7	1	...	...	...	84
A																										
Saugor	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore	...	...	2	3	2	3	8	8	4	1	...	...	31	...	...	...	...	...	8	9	17	15	19	1	...	69
Kamptee	...	...	...	5	2	1	1	2	8	6	1	...	26	...	...	...	1	...	...	...	...	...	...	...	...	1
Sitabaldi	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	...	3
B																										
Secunderabad	...	1	2	3	1	...	1	6	13	5	...	...	32	7	5	8	2	...	5	4	2	6	5	2	9	55
Belgam	...	...	1	...	...	...	...	2	...	1	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Satara	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona	...	1	2	3	1	1	6	8	35	12	2	3	74	...	...	...	2	...	...	...	...	...	1	...	...	3
Kirkee	...	...	1	...	...	...	...	1	2	1	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmednagar	...	...	...	1	...	1	...	...	...	...	4	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IX.—DECCAN	...	2	8	15	7	6	17	27	62	26	7	3	180	8	5	8	6	1	13	13	19	21	25	3	9	131
Colaba	...	1	1	...	...	...	...	...	...	...	...	...	2	...	1	1	2	...	...	...	1	...	...	...	...	5
Cannanore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Calicut	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Mallapuram	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WESTERN COAST	...	1	1	...	...	1	...	1	...	...	...	...	4	...	1	1	2	...	...	1	1	...	...	...	...	6
A																										
Bellary	...	1	...	1	...	1	...	...	...	...	5	2	10	...	1	...	...	...	1	20	4	4	4	...	...	34
Bangalore	...	7	14	2	3	4	4	3	3	1	...	...	41	1	...	4	6	4	...	7	1	...	...	...	...	23
B																										
Trichinopoly	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
St. Thomas' Mount	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	1	...	...	...	4
Madras	2	...	1	2	...	...	...	...	...	...	...	1	6	...	...	...	...	1	...	...	...	...	...	...	...	1
GROUP XI.—SOUTHERN INDIA	2	8	15	5	3	5	4	3	3	1	5	3	57	3	1	4	6	5	2	27	6	5	4	...	...	63
Ranikhet	...	...	3	3	4	6	4	4	4	3	2	...	33	...	...	...	4	...	...	1	2	...	2	1	...	10
Chaubuttia	...	...	...	2	...	...	...	...	3	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Chakrata	...	...	1	1	...	1	1	...	...	1	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Lebong	...	...	...	...	1	2	2	...	2	...	1	...	8	...	...	...	1	1	...	...	...	...	1	...	2	5
Solon	...	...	...	3	...	...	...	...	...	...	...	...	3	...	...	...	...	1	4	3	...	1	...	...	...	9
Dagshai	...	...	...	1	1	6	3	1	...	...	...	1	13	...	...	...	...	...	...	...	1	1	...	...	...	2
Subathu	...	...	...	2	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	1	...	1	...	2
Jutogh	...	...	...	2	1	...	...	...	...	...	1	...	4	...	...	...	3	...	...	1	...	...	...	...	...	4
Khyragully	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Kuldunnah	...	...	...	...	...	1	...	2	...	...	...	...	3	...	...	...	...	1	...	...	...	...	...	...	...	1
Camp Gharial	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	1
,, Thobba	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Upper Topa	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Lower Topa	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Khanspur	...	...	...	...	...	1	1	...	...	...	...	...	2	...	...	...	...	2	1	2	...	...	...	...	...	5
Cherat	...	...	...	...	2	...	3	2	2	...	...	...	9	...	...	...	...	4	1	1	...	3	...	...	...	9
Quetta	...	...	1	...	...	1	6	6	7	5	13	3	42	3	1	2	6	...	8	13	29	29	6	2	...	99
GROUP XII*a*.—HILL STATIONS	...	...	5	15	11	20	20	15	18	9	17	4	134	3	1	2	14	9	14	22	32	35	9	4	2	147
Darjeeling	...	...	3	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Naini Tal	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Landour	...	...	...	1	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Kasauli	...	...	1	4	3	3	1	2	...	...	...	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Dalhousie	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Murree	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Taragarh	...	...	...	1	...	...	...	...	...	...	1	...	2	...	...	...	6	5	3	3	2	7	1	...	...	27
Mount Abu	...	...	...	2	4	...	...	...	...	...	...	...	6	...	...	...	...	1	...	...	...	...	...	...	...	1
Pachmarhi	...	...	...	1	1	...	1	1	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Purandhur	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington	1	...	...	...	1	2	5	1	...	...	...	...	10	...	...	...	...	...	...	...	1	...	...	...	...	1
GROUP XII*b*.—HILL CONVALESCENT DEPÔT AND SANITARIA	1	...	5	10	10	5	8	5	...	...	1	...	45	...	...	...	6	6	3	3	3	7	1	...	...	29

Stations and Commands.	Admissions from Enteric Fever in each month.													Admissions from Simple Continued Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Troops marching Bengal	4	4	...	...	...	...	...	...	...	...	...	4	12	...	1	...	...	...	...	...	...	...	...	1	1	3
Troops marching Punjab	...	...	1	1	...	...	...	...	...	...	...	1	3	...	...	1	1	...	...	...	...	...	...	...	3	5
Troops marching Burma	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Deolali Depôt	...	2	9	...	...	...	...	...	...	3	...	...	14	1	...	1	...	...	...	...	...	...	...	...	...	2
Poonamallee ,,	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Delhi Manœuvres and Durbar Force	12	...	...	...	...	...	...	...	...	...	...	...	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Aden Column Field Force	...	...	...	2	5	2	2	1	2	3	1	...	18	...	...	1	...	...	...	...	...	...	...	...	...	1
Extra India.																										
Aden	...	...	1	...	...	1	...	...	...	2	...	1	5	7	2	2	1	1	1	...	6	...	...	1	...	21
INDIA	73	42	168	166	154	134	79	84	149	115	100	120	1,384	31	25	51	98	97	161	243	176	164	177	51	26	1,300
Bengal	41	15	47	79	64	31	22	25	38	52	31	49	494	4	4	9	39	32	78	98	71	40	100	35	9	519
Punjab	12	6	27	31	48	77	24	15	22	11	28	56	357	...	5	11	22	39	42	67	50	73	56	8	6	379
Madras	3	9	18	8	5	8	10	13	17	7	5	3	106	10	6	12	8	5	7	32	9	11	9	2	9	120
Burma	2	3	2	...	...	4	2	3	5	3	2	2	28	5	4	2	1	11	6	11	3	4	4	3		56
Bombay	3	9	74	46	32	12	19	27	65	39	33	10	369	12	6	16	28	10	28	35	43	36	8	3	...	225

EUROPEAN TROOPS, 1903.

TABLE X.

INTERMITTENT FEVER by months, stations, groups, and commands.

Stations* and Groups.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
	Admissions from Intermittent Fever in each month.												
Port Blair	1	4	2	3	...	8	1	1	...	...	...	...	20
Rangoon	19	2	9	16	7	10	13	23	20	16	21	79	235
Group I.—Burma Coast and Bay Islands	20	16	11	19	7	18	14	24	20	16	21	79	255
Thayetmyo	9	1	6	4	5	8	4	3	6	6	11	14	77
Meiktila	...	3	1	...	...	...	...	...	...	2	...	...	6
Fort Dufferin	38	9	7	2	3	7	8	14	12	16	4	12	132
Shwebo	1	7	2	2	4	5	3	2	1	3	2	2	34
Bhamo	...	1	4	1	1	12	73	35	12	6	11	9	165
Group II.—Burma Inland	48	21	20	9	13	32	88	54	31	33	28	37	414
Fort William	17	6	6	9	14	10	18	16	13	14	38	32	193
„ Chingrikhal	4	...	...	...	...	...	...	...	...	...	...	...	4
Dum-Dum	4	8	6	4	8	...	...	...	8	20	26	3	87
Barrackpore	6	6	6	1	...	...	1	6	15	32	26	15	114
Group IV.—Bengal and Orissa	31	20	18	14	22	10	19	22	36	66	90	50	398
B													
Dinapore	6	6	7	18	14	7	37	13	14	10	16	1	149
Benares	4	2	2	...	3	4	25	7	4	4	...	...	55
Allahabad	17	4	2	9	8	22	19	7	9	26	26	9	158
Fort Allahabad	1	3	4	1	1	3	1	2	4	10	11	7	48
Fyzabad	2	5	4	11	10	11	2	2	6	5	6	3	67
Sitapur	2	7	8	4	4	5	3	4	...	3	4	1	45
Lucknow	14	12	21	32	16	9	52	48	18	16	15	7	260
Cawnpore	3	10	12	21	19	35	29	14	10	18	15	4	190
Fatehgarh	1	1	..	1	...	3	1	6	5	14	4	...	36
Group V.—Gangetic Plain and Chutia Nagpur	50	50	60	97	75	99	169	103	70	106	97	32	1,008
A													
Shahjahanpur	1	5	11	...	...	...	...	6	3	2	1	5	34
Bareilly	6	30	10	3	5	12	4	16	13	17	5	11	132
Roorkee	...	1	2	1	3	10	6	18	27	39	10	34	151
Meerut	28	18	20	28	42	30	28	15	53	58	27	29	376
Delhi	8	8	7	17	16	21	11	5	9	14	4	3	123
Umballa	7	15	40	31	10	15	45	24	35	86	132	78	518
B													
Jullundur	10	2	5	10	10	9	3	3	7	27	11	9	106
Ferozepore	22	21	11	13	23	24	28	32	33	113	111	49	480
Amritsar	1	4	2	4	6	...	1	1	13	32	64	63	191
Meean Meer	5	1	7	9	3	10	6	34	112	180	325	156	848
Fort Lahore	2	1	2	...	10	5	4	13	9	31	30	17	124
Sialkot	4	6	12	6	8	9	14	15	18	51	22	44	209
Rawalpindi	29	20	33	49	61	51	56	49	92	172	181	68	861
Campbellpur	1	2	...	2	7	4	9	5	11	9	8	...	58
Attock	2	...	1	1	3	...	...	3	2	7	8	...	27
Group VI.—Upper Sub-Himalaya	126	134	163	174	207	200	215	239	437	838	939	566	4,238
A													
Nowshera	23	1	3	1	5	...	3	4	9	43	52	28	172
Peshawar	16	5	11	16	86	106	156	149	116	82	96	49	888
Mooltan	2	1	6	6	2	...	2	7	19	23	55	72	195
C													
Hyderabad	10	7	11	23	19	26	18	14	15	9	44	17	213
Kurrachee	70	39	34	31	33	35	53	58	44	23	19	6	445
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	121	53	65	77	145	167	232	232	203	180	266	172	1,913

TABLE XI.

REMITTENT FEVER by months, stations, groups, and commands.

Stations* and Groups.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
	Admissions from Remittent Fever in each month.												
Port Blair	...	...	5	4	...	3	3	3	1	3	4	1	27
Rangoon	...	...	...	...	...	...	...	1	...	...	1	2	4
Group I.—Burma Coast and Bay Islands	...	...	5	4	...	3	3	4	1	3	5	3	31
Thayetmyo	...	...	...	...	...	1	...	1	...	...	...	...	2
Meiktila	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin	...	...	...	...	1	...	...	...	...	...	...	...	1
Shwebo	...	1	...	...	...	...	1	...	...	...	...	...	2
Bhamo	...	...	...	...	...	..	1	...	...	...	...	...	1
Group II.—Burma Inland	...	1	...	...	1	1	2	1	...	...	...	...	6
Fort William	...	...	...	...	...	...	...	...	...	...	...	...	...
„ Chingrikhal	...	...	...	...	...	...	...	1	...	...	...	1	2
Dum-Dum	...	...	...	1	1	...	...	2	...		...	...	4
Barrackpore	...	...	...	...	...	...	...	...	...	...	7	...	7
Group IV.—Bengal and Orissa	...	...	...	1	1	...	...	3	...	...	7	1	13
B													
Dinapore	...	...	...	...	...	...	...	...	...	...	...	...	...
Benares	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad	...	...	2	...	...	...	...	...	...	...	...	...	2
Fort Allahabad	...	...	...	...	1	...	1	...	...	...	...	1	3
Fyzabad	...	...	...	...	...	...	...	...	...	...	...	1	1
Sitapur	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore	...	1	1	3	...	...	1	...	...	2	...	...	8
Fatehgarh	...	...	...	...	...	...	1	...	...	...	...	...	1
Group V.—Gangetic Plain and Chutia Nagpur	...	1	3	3	1	...	3	...	...	2	...	2	15
A													
Shahjahanpur	2	...	...	...	1	...	1	...	...	1	...	...	5
Bareilly	...	...	...	...	...	...	5	1	...	...	..	...	6
Roorkee	...	1	1	...	1	...	...	...	...	4	...	...	7
Meerut	1	...	...	...	...	...	...	...	1	...	...	...	2
Delhi	...	...	...	...	1	1	1	...	...	...	...	...	3
Umballa	...	...	...	2	3	2	...	...	1	...	...	1	9
B													
Jullundur	...	...	...	...	...	...	...	...	..	...	...	...	...
Ferozepore	...	...	...	...	...	...	...	...	...	...	...	..	...
Amritsar	...	...	...	...	...	...	...	...	...	...	...	...	...
Meean Meer	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Lahore	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot	1	1	1	...	...	...	...	...	...	...	...	...	3
Rawalpindi	...	...	...	...	...	...	...	1	...	...	...	1	2
Campbellpur	...	...	...	...	...	1	...	...	...	...	2	...	3
Attock	...	...	1	...	...	...	...	...	...	...	...	...	1
Group VI.—Upper Sub-Himalaya	4	2	3	2	6	4	7	2	2	5	2	2	41
A													
Nowshera	...	...	...	...	...	...	1	...	1	4	1	...	7
Peshawar	...	5	...	...	...	1	6	2	7	18	4	2	45
Mooltan	...	...	...	...	...	...	...	...	...	...	...	...	...
C													
Hyderabad	...	...	...	...	...	...	...	...	...	1	...	...	1
Kurrachee	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	...	5	...	...	...	1	7	2	8	23	5	2	53

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* Stations where neither Intermittent Fever nor Remittent Fever occurred are not shown in these tables. For the annual ratios, see Table III.

Stations and Groups.	Admissions from Intermittent Fever in each month.													Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Deesa	11	6	4	11	13	17	6	4	23	63	63	16	237	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmedabad	9	5	4	3	1	3	4	12	15	24	29	26	135	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Neemuch	6	3	2	1	5	3	7	17	39	33	48	29	193	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad	...	...	2	3	...	2	...	9	65	143	172	68	464	...	...	1	...	1	...	...	...	2	6	6	4	20
Muttra	3	5	1	9	7	10	19	18	14	40	16	5	147	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra	12	7	4	23	16	47	64	45	63	66	52	24	423	...	...	...	...	...	...	...	...	...	2	...	...	2
Jhansi	19	15	19	21	2	4	26	36	30	42	56	24	294	...	...	...	...	4	1	...	...	...	...	...	...	5
Nowgong	...	...	...	...	...	2	7	17	9	17	4	1	57	...	...	...	...	...	...	...	...	...	...	...	...	...
Indore	2	...	1	7	...	1	...	3	9	10	2	1	36	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhow	22	11	20	30	44	22	25	49	131	198	99	52	703	...	...	...	...	...	1	...	1	...	...	...	..	2
Group VIII.—S.-E. Rajputana, Central India, and Gujarat	84	52	57	108	88	111	158	210	398	636	541	246	2,689	...	...	1	...	5	2	...	1	2	8	6	4	29
A																										
Saugor	3	7	2	1	5	3	3	14	16	26	18	5	103	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore	24	4	9	13	10	13	34	6	6	16	25	19	179	...	...	...	...	4	4	...	...	...	1	1	...	10
Kamptee	1	4	8	26	14	63	45	28	80	92	49	29	439	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitabaldi	1	...	...	1	3	9	2	...	6	15	16		61	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Secunderabad	12	15	22	18	10	18	16	28	35	69	58	30	331	1	3	4	1	1	3	2	1	3	6	4	2	31
Belgam	31	43	42	26	27	54	65	33	32	61	41	26	481	...	...	...	...	...	...	...	...	...	...	...	...	...
Satara	...	2	...	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona	23	21	24	21	22	59	48	46	22	39	35	10	370	...	...	...	...	...	...	...	...	...	...	...	...	...
Kirkee	8	10	8	9	6	10	19	24	16	8	3	3	124	1	...	...	...	...	...	...	1	...	...	...	...	2
Ahmednagar	4	3	7	6	10	10	21	26	10	11	16	15	139	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IX.—Deccan	107	109	122	121	108	239	253	205	223	337	261	145	2,230	2	3	4	1	5	7	2	2	3	7	5	2	43
Colaba	16	14	12	11	9	6	20	27	23	48	12	7	205	...	...	...	...	...	...	...	...	...	...	...	...	...
Cannanore	...	1	1	...	1	...	2	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Callicut	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1
Mallapuram	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1
Group X.—Western Coast	16	15	13	12	10	6	23	27	23	48	12	7	212	1	...	...	...	...	...	...	1	...	...	...	...	2
A																										
Bellary	12	4	3	4	5	2	...	1	6	8	36	35	116	...	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore	10	11	6	14	19	27	23	23	13	16	14	17	193	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Trichinopoly	2	1	...	...	...	...	...	...	...	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	...	1
St. Thomas' Mount	...	1	2	...	...	1	3	2	1	1	1	...	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras	7	1	1	...	1	1	...	1	1	1	2	1	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Group XI.—Southern India	31	18	12	18	25	31	26	27	21	26	53	53	341	1	...	...	...	...	...	...	...	...	...	...	...	1
Ranikhet	...	...	16	27	19	19	29	19	6	7	4	...	146	...	...	...	1	...	...	...	...	...	...	...	...	1
Chaubuttia	...	...	2	...	1	...	4	4	1	2	...	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Chakrata	...	...	18	25	30	14	29	27	7	5	1	...	156	...	...	...	...	...	...	...	...	...	...	...	...	...
Lebong	...	...	1	1	...	2	4	2	4	3	2	...	19	...	...	...	...	...	...	...	...	...	1	...	...	1
Solon	...	...	...	5	4	2	1	2	3	8	...	...	25	...	...	...	...	...	...	...	...	...	...	...	...	...
Dagshai	2	...	...	13	20	26	28	19	10	15	8	...	141	...	...	...	...	...	...	...	...	...	...	...	...	...
Subathu	...	...	...	10	6	4	3	4	4	1	...	...	32	...	...	...	1	1	1	...	...	...	...	...	...	3
Jutogh	...	...	...	1	2	2	2	5	2	...	1	...	15	...	...	...	...	...	...	...	...	...	...	...	...	...
Khyragully	...	...	...	...	...	2	3	3	2	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Baragully	...	...	...	...	...	...	...	1	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Kuldunnah	...	...	...	3	19	26	17	16	9	3	...	...	93	...	...	...	...	...	...	...	...	...	...	...	...	...
Kalabagh	...	...	...	...	1	...	4	2	1	2	...	...	10	...	...	...	...	...	1	...	...	...	...	...	...	1
Camp Gharial	...	...	...	...	4	4	2	1	...	2	...	...	13	...	...	...	...	1	...	...	...	...	...	...	...	1
,, Thobba	...	...	...	4	8	...	4	2	1	...	...	...	19	...	...	...	1	1	...	...	...	...	...	...	...	2
,, Upper Topa	...	...	...	3	3	4	2	2	2	...	...	...	16	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Lower Topa	...	...	...	...	...	3	1	3	1	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	..	...
Khanspur	...	...	...	...	12	6	9	7	11	1	...	...	46	...	...	...	...	...	...	...	...	...	...	...	...	...
Cherat	...	...	...	...	1	2	...	2	...	...	...	...	5	...	...	...	...	...	...	1	...	...	...	...	...	1
Quetta	4	2	7	14	15	22	13	25	67	49	23	5	246	...	...	...	...	...	...	...	...	...	...	...	...	...
Ramandrug	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Maymyo	...	...	...	6	1	3	9	15	16	6	3	12	71	...	...	...	...	...	1	...	2	4	1	...	...	8
Group XIIa.—Hill Stations	6	2	44	113	146	141	164	161	147	105	42	17	1,088	...	...	...	3	3	3	1	2	4	2	...	...	18

TABLE X—*continued.*

INTERMITTENT FEVER by months, stations, groups, and commands.

TABLE XI—*continued.*

REMITTENT FEVER by months, stations, groups, and commands.

STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Darjeeling	...	...	6	13	11	16	9	6	4	9	4	...	78	...	...	...	...	...	2	1	...	...	...	...	...	3
Naini Tal	...	...	3	4	2	3	2	4	...	2	1	...	21	...	...	...	...	...	...	...	...	...	...	...	...	...
Landour	...	...	1	5	5	10	10	14	4	3	...	...	52	...	...	...	...	...	...	...	...	...	...	...	...	...
Kasauli	...	...	3	4	10	3	6	9	11	7	2	...	55	...	...	...	...	1	3	...	1	1	...	...	...	6
Dalhousie	...	1	1	12	24	27	22	19	8	16	61	40	231	...	...	...	...	...	...	...	...	...	...	...	...	...
Murree	...	...	...	1	2	2	...	1	1	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Taragarh	...	...	...	...	...	...	1	...	...	6	2	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Abu	...	1	...	1	8	6	5	7	8	21	12	3	72	...	...	...	3	...	...	...	...	...	...	...	...	3
Pachmarhi	...	1	2	2	4	3	2	2	3	...	...	...	19	1	...	...	1	..	...	...	...	1	...	...	...	3
Purandhur	1	...	2	...	...	1	...	4	3	2	2	1	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Khandalla	1	...	...	...	2	...	...	...	...	...	4	14	21	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington	3	2	9	20	14	19	11	9	3	5	4	2	101	1	...	...	...	1	...	...	...	1	...	...	...	3
GROUP XII*b*.—HILL CONVALESCENT DEPÔTS, AND SANITARIA	5	5	27	62	82	90	68	75	45	71	92	60	682	2	...	...	4	2	5	1	1	3	...	...	...	18
Troops marching, Bengal	9	11	11	...	...	...	...	...	...	9	119	34	193	...	...	1	...	...	...	...	...	...	...	2	...	3
Troops marching, Punjab	...	4	4	...	...	...	...	...	...	...	31	173	212	...	1	...	...	1	...	...	...	...	...	...	...	2
Troops marching, Burma	...	...	...	...	...	...	...	...	...	...	4	18	22	...	...	...	...	...	...	...	...	...	...	...	...	...
Troops marching, Bombay	7	6	...	...	...	...	...	...	...	...	14	9	36	...	...	...	...	...	...	...	...	...	...	...	...	...
Deolali Depôt	9	20	10	2	1	8	19	7	7	35	22	10	150	...	...	...	...	...	...	...	...	...	...	...	...	...
Poonamallee Depôt	1	2	...	...	...	...	...	...	1	...	1	...	5	...	...	..	...	...	...	...	...	...	...	...	...	...
Delhi Manœuvres and Durbar Force	62	3	...	...	...	...	...	...	...	...	...	...	65	1	...	...	...	...	...	...	...	...	...	...	...	1
Aden Column Field Force	1	...	8	52	54	52	25	51	51	...	23	18	335	...	...	...	...	...	...	...	...	...	...	...	...	...
EXTRA INDIA.																										
Aden	1	10	25	48	136	129	60	35	22	16	62	61	605	...	1	...	...	...	...	...	2	...	2	...	...	5
INDIA	735	541	670	926	1,119	1,333	1,533	1,472	1,735	2,522	2,718	1,787	17,091	11	14	17	18	25	26	26	21	23	52	32	16	281
BENGAL	194	182	223	304	275	328	479	399	378	549	536	276	4,123	4	2	5	6	13	8	11	4	2	11	10	3	79
PUNJAB	126	84	141	204	350	346	431	437	542	912	1,198	846	5,617	1	7	2	4	8	9	8	4	10	22	7	4	86
MADRAS	78	81	86	84	77	122	121	97	92	161	157	111	1,267	4	3	4	1	2	3	2	2	4	6	4	2	37
BURMA	68	27	31	34	21	53	111	93	67	55	56	146	762	...	1	5	4	1	5	5	7	5	4	5	3	45
BOMBAY	206	164	181	248	342	432	366	395	605	845	748	390	4,922	1	1	1	3	1	1	...	4	2	9	6	4	33

EUROPEAN TROOPS, 1903.

TABLE XII.

PNEUMONIA by months, stations, groups, and commands.

TABLE XIII.

DYSENTERY by months, stations, groups, and commands.

Stations *and Groups.	Admissions from Pneumonia in each month.													Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Rangoon	1	...	...	...	...	...	...	...	...	...	...	...	1	2	2	3	5	4	14	14	7	4	4	3	2	64
Group I.—Burma Coast and Bay Islands	1	...	...	...	...	...	...	...	...	...	...	...	1	2	2	3	5	4	14	14	7	4	4	3	2	64
Thayetmyo	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	4
Meiktila	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	...	1	...	...	1	...	...	...	...	3
Fort Dufferin	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	4	2	...	...	1	...	8
Shwebo	...	...	...	...	...	...	1	...	1	...	...	...	2	...	...	...	1	...	1	...	3	...	1	...	...	6
Bhamo	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Group II.—Burma Inland	...	...	...	1	...	...	1	...	1	1	...	...	4	1	...	1	1	1	5	4	6	...	1	2	...	22
Fort William	4	3	2	...	...	...	...	...	...	...	...	...	9	4	1	...	1	...	1	1	6	2	...	1	...	17
Fort Chingrikhal	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	1	4
Dum-Dum	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	1	2	...	1	1	...	1	2	8
Barrackpore	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	4	...	2	...	6	7	5	...	2	2	34
Group IV.—Bengal and Orissa	4	3	2	...	...	...	1	...	...	...	...	...	10	9	5	4	1	3	3	7	14	8	...	4	5	63
B																										
Dinapore	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	2	...	1	...	2	2	1	...	10
Benares	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Allahabad	2	1	...	...	2	...	...	...	...	...	...	...	5	...	2	1	4	...	...	...	...	...	1	...	...	8
Fort Allahabad	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	1	...	1	...	...	...	...	5
Fyzabad	...	...	...	...	...	...	...	1	...	1	...	...	2	...	1	1	4	4	2	2	1	3	...	...	1	19
Sitapur	...	1	...	...	...	...	...	...	...	...	...	1	2	...	1	...	...	...	...	1	...	...	1	...	...	3
Lucknow	2	...	...	...	...	3	...	...	...	...	1	...	6	7	3	6	5	3	1	2	...	3	8	8	4	50
Cawnpore	1	1	...	...	...	...	...	...	...	...	1	...	3	...	1	1	8	2	1	...	...	3	3	3	1	23
Fatehgarh	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	...	...	1	...	...	4
Group V.—Gangetic Plain and Chutia Nagpur	6	3	...	...	2	3	...	1	...	1	2	1	19	9	9	13	22	11	6	6	2	11	16	12	6	123
A																										
Shahjahanpur	1	1	...	...	...	...	...	...	...	...	...	...	2	...	1	1	2	...	...	...	...	...	1	1	...	6
Bareilly	...	3	...	...	...	1	...	...	...	1	...	...	5	2	3	4	5	1	2	...	4	1	5	5	2	34
Roorkee	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut	3	...	...	...	1	...	1	...	...	1	1	9	16	4	...	5	4	3	2	1	4	5	3	12	9	52
Delhi	1	1	...	1	...	...	...	...	...	...	...	...	3	...	...	...	...	1	...	...	...	...	1	...	...	2
Umballa	2	3	2	2	...	...	...	...	...	...	3	5	17	1	...	...	...	...	...	...	1	...	1	5	9	17
B																										
Jullundur	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...	...	2
Ferozepore	...	2	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	2	1	...	...	...	...	2	3	8
Amritsar	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	3
Meean Meer	2	1	2	...	1	1	...	...	...	1	...	1	9	...	...	...	...	...	...	...	2	1	1	5	3	12
Fort Lahore	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	1	...	...	3
Sialkot	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	1	...	...	...	...	5	...	3	1	11
Rawalpindi	1	1	5	...	...	...	1	...	...	1	1	4	14	2	6	1	6	6	5	1	1	1	...	6	6	41
Attock	6	1	...	...	...	...	1	...	...	...	...	...	8	1	...	...	...	...	1	...	...	1	...	1	...	4
Group VI.—Upper Sub-Himalaya	19	13	10	3	2	2	3	1	...	4	5	19	81	11	10	12	18	14	11	2	14	14	13	41	35	195
A																										
Nowshera	3	...	...	...	...	...	...	...	...	1	...	3	7	...	...	...	...	2	...	...	...	...	...	1	...	3
Peshawar	1	1	...	2	...	...	...	...	...	1	1	...	6	1	1	...	...	3	...	...	3	2	5	1	...	16
Mooltan	1	2	...	1	...	...	1	...	...	...	...	1	6	...	...	...	1	1	...	...	...	...	...	2	...	4
C																										
Hyderabad	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	2	2	1	...	...	...	8
Kurrachee	...	...	...	...	...	...	...	...	...	...	...	..	...	...	1	1	...	...	1	...	1	...	1	...	2	7
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	5	3	...	3	...	...	1	...	...	2	1	4	19	2	2	1	1	8	1	2	6	3	6	4	2	38
A																										
Deesa	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2
Ahmedabad	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2
B																										
Neemuch	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	1	...	1	...	...	5
Nasirabad	...	6	1	...	2	...	...	...	...	...	1	1	11	1	...	2	1	...	...	...	...	3	1	3	...	11
Mutttra	2	...	2	1	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	...	4	3	1	1	3	4	1	5	2	26
Jhansi	1	1	2	1	...	1	1	...	...	...	...	...	7	1	2	1	1	3	...	...	1	2	7	5	2	25
Nowgong	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	1	1	1	7
Indore	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	2	...	...	...	...	4
Mhow	1	4	...	...	...	...	1	1	...	...	...	2	9	3	4	4	2	3	6	7	2	7	3	4	4	49
Group VIII.—S. E. Rajputana, Central India, and Gujarat	4	11	5	2	2	1	2	1	...	...	2	3	33	8	6	8	10	10	8	8	10	18	15	19	11	131

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* Stations where neither Pneumonia nor Dysentery occurred are not shown in these tables. For the annual ratios, see Table III.

TABLE XII—*continued.*

PNEUMONIA by months, stations, groups, and commands.

TABLE XIII—*continued.*

DYSENTERY by months, stations, groups. and commands.

STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.													ADMISSIONS FROM DYSENTERY IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Saugor	...	...	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	..	...	...	...	...
Jubbulpore	...	...	...	...	1	...	...	...	...	...	...	...	1	1	1	2	2	3	1	3	4	3	3	2	...	25
Kamptee	...	1	...	5	...	1	...	1	...	...	...	...	9	...	...	2	1	...	1	...	1	1	3	...	...	9
Sitabaldi	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Secunderabad	...	...	1	2	2	1	...	1	...	...	...	2	9	4	6	3	4	4	3	7	6	9	6	2	3	57
Belgam	...	1	...	...	...	...	...	...	...	...	...	...	1	...	2	...	2	2	2	1	1	...	...	...	...	10
Satara	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	1	...	...	...	...	...	1
Poona	1	1	...	...	...	...	...	1	...	1	...	...	4	1	...	...	1	1	..	3	7	8	...	3	3	27
Kirkee	...	...	...	2	..	...	...	...	...	...	...	...	2	2	...	1	...	1	...	...	...	...	1	...	...	5
Ahmednagar	1	..	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	1	1	...	...	1	1	4
GROUP IX.—DECCAN	2	3	3	9	4	3	...	3	...	1	...	2	30	8	9	8	10	11	7	16	20	21	13	8	7	138
Colaba	2	3	2	...	...	...	...	...	...	...	1	1	9	...	1	...	1	4	1	...	...	...	1	...	1	9
Cannanore	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	2
Calicut	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	2
Mallapuram	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	..	3
GROUP X.—WESTERN COAST	2	3	2	...	...	...	...	...	...	...	1	1	9	2	1	...	1	4	1	1	1	..	2	1	2	16
A																										
Bellary	...	...	...	1	...	1	...	...	...	...	...	...	2	1	...	1	...	...	3	...	1	1	1	1	...	9
Bangalore	...	...	2	...	1	2	...	...	...	1	...	2	8	1	1	...	1	9	4	11	...	1	1	...	1	30
B																										
St. Thomas' Mount	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	...	1	2	2	1	...	1	11
Madras	...	...	...	...	2	1	...	...	1	...	...	...	4	...	...	...	1	...	1	...	...	...	1	...	1	4
GROUP XI.—SOUTHERN INDIA	...	...	2	1	3	4	...	...	1	1	...	2		2	1	1	4	11	8	12	3	4	4	1	3	54
Ranikhet	...	...	3	2	2	1	...	1	...	1	...	...	10	...	...	3	6	2	...	...	...	2	1	...	...	14
Chaubuttia	...	...	...	2	1	1	...	...	...	...	...	...	4	...	...	...	...	..	...	...	1	...	...	...	...	1
Chakrata	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	4	4	1	1	5	1	1	...	...	...	17
Lebong	...	...	...	...	...	...	1	...	...	1	...	...	2	...	1	2	...	1	6	1	...	...	...	...	...	11
Solon	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	2	1	...	1	1	...	...	...	...	5
Dagshai	...	...	...	...	1	1	1	...	...	...	1	...	4	1	1	...	1	...	...	1	...	...	1	1	...	6
Subathu	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	1	4
Jutogh	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	1	...	..	...	1	...	...	...	...	2
Kuldunnah	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	1	...	...	...	...	...	2
Camp Gharial	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	...	...	4
,, Thobba	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
,, Upper Topa	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
,, Lower Topa	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Khanspur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Cherat	...	...	...	...	...	2	...	...	...	...	...	...	2	...	..	...	...	...	...	2	...	1	1	...	...	4
Quetta	3	3	2	2	2	..	...	...	...	1	2	1	16	...	...	1	3	1	2	3	6	3	5	5	3	32
Ramandrug	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	..	...	1	...	...	...	...	...	...	1
Maymyo	...	...	...	1	...	...	...	...	...	..	...	...	1	...	...	...	1	1	...	...	...	...	..	...	...	2
GROUP XII *a*.—HILL STATIONS	3	3	5	8	7	6	3	1	...	3	3	1	43	1	2	10	19	10	12	17	10	8	8	8	4	109
Darjeeling	...	...	...	...	...	...	2	...	...	...	...	...	2	...	...	3	3	3	2	...	...	1	...	...	...	12
Naini Tal	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	4	1	...	...	...	6
Landour	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	..	...	...	...	...	...
Kasauli	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	2	1	...	...	2	1	...	1	...	...	7
Dalhousie	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1	3	...	1	...	...	1	...	...	6
Murree	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	3
Mount Abu	...	...	...	2	...	...	...	...	...	..	...	...	2	...	...	...	.	...	..	...	1	...	...	...	...	1
Pachmarhi	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	1	1	1	...	...	...	1	.	...	...	4
Purandhur	1	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	1	...	...	2	1	...	1	...	...	5
Khandalla	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Wellington	...	...	...	...	1		...	1	1	...	...	...	3	...	...	2	4	9	8	2	1	...	..	...	...	26
GROUP XII *b*.—HILL CONVALESCENT DEPÔTS. AND SANITARIA	1	...	1	3	2	...	2	1	2	...	...	...	12	..	..	9	11	17	10	7	10	3	3	1	..	71
Troops, Marching, Bengal	3	1	...	...	...	...	...	...	...		...	...	4	1	4	1	...	..	...	...	...	...	...	3	4	13
,, ,, Punjab	...	...	...	...	...	...	...	...	...	...	1	3	4	...	...	...	...	...	...	...	...	...	...	1	18	19
,, ,, Burma	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	..	...	1	1
,, ,, Bombay	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	..	...	...	...	...	...	...	...	...
Deolali Depôt	1	...	1	...	...	...	...	...	...	2	...	1	5	3	6	1	1	...	...	...	...	...	4	4	2	21
Poonamallee Depôt	...	...	...	...	...	...	...	...	...	...	...	1	1	4	...	1	...	...	...	2	...	4	4	1	1	17
Delhi Manœuvres and Durbar Force	25	1	...	...	...	...	...	...	...	...	...	...	26	12	1	...	...	...	...	...	...	...	...	...	...	13
Aden Column Field Force	...	1	...	...	...	...	...	1	...	...	...	...	2	1	3	7	6	18	11	2	4	2	...	2	3	59
EXTRA INDIA.																										
Aden	...	2	1	...	...	...	...	1	...	..	...	1	5	...	3	4	2	1	...	1	2	2	5	2	3	25
INDIA	77	47	32	30	22	19	13	10	4	15	15	39	323	73	64	84	112	123	97	101	109	102	93	117	109	1192
BENGAL	23	13	11	8	7	7	6	2	...	5	4	10	96	29	26	45	55	36	25	24	39	42	39	50	31	441
PUNJAB	17	11	10	6	4	5	5	1	...	4	7	17	87	7	8	4	15	23	9	12	14	12	12	31	43	190
MADRAS	...	1	3	3	6	5	...	2	2	1	...	5	28	12	9	7	14	26	22	25	12	17	15	5	8	172
BURMA	1	...	...	2	...	...	1	..	1	1	...	...	6	3	2	4	7	6	19	18	13	4	5	5	3	89
BOMBAY	11	20	8	11	5	2	1	4	1	4	4	7	78	12	15	17	15	14	11	20	27	25	27	24	21	228

TABLE XV.

A.—STRENGTH, ADMISSIONS from ALL CAUSES, ADMISSIONS from ENTERIC FEVER, of the Army of India in 1903, in relation to AGE and LENGTH of RESIDENCE in INDIA.

	By Age.						By length of residence.						
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 years and upwards.
Strength	2,104	32,020	22,893	6,905	1,865	405	18,625	10,238	7,940	6,233	7,987	11,901	3,268
Per cent. of total	3	48	35	10	3	1	28	15	12	9	12	18	5
1898-1902	3	45	40	9	2	1	13	14	16	16	14	23	4
Admissions from all causes	1,577	38,665	22,820	5,031	963	229	19,465	11,693	7,779	5,865	7,210	14,634	2,639
Admissions from Enteric Fever	48	955	272	41	7	1	723	253	82	33	79	137	17
All causes per 1,000	749·5	1,207·5	996·8	728·6	516·4	565·4	1,045·1	1,142·1	979·7	941·0	902·7	1,229·6	807·5
Enteric Fever per 1,000	22·8	29·8	11·9	5·9	3·8	2·5	38·8	24·7	10·3	5·3	9·9	11·5	5·2
Liability to Enteric Fever (Previous column expressed in percentages)	29·73	38·85	15·51	7·69	4·95	3·26	36·71	23·37	9·74	5·01	9·37	10·88	4·92
Enteric Fever per cent. of all causes	3·04	2·47	1·19	·81	·73	·44	3·71	2·16	1·05	·56	1·10	·94	·64

NOTE.—Marching returns and returns wherein the classification by age and service was omitted have been excluded.

B.—CHANGE of PERSONNEL, YOUTHFULNESS, RECENT ARRIVAL, and MARRIAGE, in relation to VENEREAL DISEASE and ENTERIC FEVER.

Year.	Arrived in India.*		Year.	Men.								
				Per cent. of Strength.			Strength.	Ratio per 1,000.			Ratio per cent. of total admission.	
				Age.	Length of residence.			Admissions.				
	Men.	Women.		Under 25 years.	Under 5 years.	Married. ‡		All causes.	Venereal Diseases.	Enteric Fever.	Venereal Diseases.	Enteric Fever.
1873-74	8,680	816	1873	39	...	11·26	58,769	1,328·1	166·7	3·6	12·55	·27
1874-75	7,840	673	1874	38	...	11·10	59,308	1,357·7	192·7	4·1	14·20	·30
1875-76	7,568	752	1875	36	...	10·80	58,409	1,337·8	205·1	2·8	15·33	·21
1876-77	8,170	591	1876	33	...	10·37	57,858	1,361·5	189·9	4·6	13·95	·34
1877-78	9,113	482	1877	33	56	9·70	57,260	1,257·3	208·5	4·1	16·59	·32
1878-79	13,113	575	1878	35	60	7·59	56,475	1,651·3	271·3	8·5	16·43	·51
1879-80	13,342	612	1879	39	61	6·63	59,082	1,871·2	234·8	8·0	12·55	·43
1880-81	13,165	664	1880	41	65	6·36	59,717	1,754·2	249·7	7·9	14·23	·45
1881-82	9,895	349	1881	43	70	5·94	58,728	1,604·6	260·5	5·6	16·23	·35
1882-83	9,748	325	1882	41	72	5·43	57,269	1,444·9	265·2	6·2	18·35	·43
1883-84	12,525	433	1883	41	75	5·20	55,525	1,335·7	270·3	7·7	20·23	·58
1884-85	11,822	393	1884	45	75	5·05	54,996	1,513·4	293·9	11·7	19·42	·77
1885-86	17,766	508	1885	48	73	4·23	56,967	1,532·7	342·7	11·2	22·36	·73
1886-87	11,645	372	1886	52	75	3·90	61,015	1,513·9	389·5	18·1	25·73	1·20
1887-88	11,729	459	1887	52	73	3·84	63,515	1,369·7	361·2	12·7	26·37	·93
1888-89	12,407	506	1888	50	76	3·65	68,887	1,381·7	370·6	13·6	26·82	·99
1889-90	12,270	532	1889	49	78	3·60	69,266	1,498·0	481·5	22·9	32·14	1·53
1890-91	14,046	542	1890	50	80	3·70	67,823	1,520·2	503·5	18·5	33·12	1·22
1891-92	15,456	529	1891	51	79	3·36	67,030	1,379·1	400·7	20·4	29·06	1·48
1892-93	15,894	540	1892	51	80	3·29	68,137	1,517·3	409·9	22·1	27·01	1·46
1893-94	15,090	482	1893	53	79	3·29	70,091	1,414·9	466·0	20·0	32·94	1·41
1894-95	15,957	517	1894	54	81	...†	71,082	1,508·0	511·4	20·9	33·91	1·38
1895-96	14,346	654	1895	55	83	...	71,031	1,461·8	522·3	26·3	35·73	1·80
1896-97	14,805	545	1896	56	82	...	70,484	1,386·7	511·6	25·5	36·89	1·84
1897-98	16,227	543	1897	55	84	...	68,395	1,556·9	485·7	32·4	31·20	2·08
1898-99	16,911	648	1898	54	81	...	67,741	1,436·9	362·9	36·9	25·26	2·57
1899-1900	3,369	168	1899	53	78	...	67,697	1,148·7	313·4	20·6	27·28	1·79
1900-01	5,958	185	1900	45	69	...	60,553	1,143·2	298·1	16·0	26·07	1·40
1901-02	18,594	438	1901	42	63	...	60,838	1,104·3	276·0	12·8	24·99	1·16
1902-03	24,840	961	1902	43	68	...	60,540	1,078·4	281·4	16·7	26·09	1·55
1903-04	15,126	758	1903	51	76	...	70,445	1,033·4	247·0	19·6	23·90	1·90

* In ordinary years the departures *plus* the deaths nearly balance the arrivals.

† Return abolished.

‡ On the 1st May of each year.

TABLE XVI.

RELATION of MORTALITY to AGE and LENGTH of RESIDENCE in INDIA.

Causes of Death.	A.—AGE.												B.—LENGTH OF RESIDENCE IN INDIA.													
	(*a*) Died per 1,000.						(*b*) Liability in percentages. (Previous column expressed in percentages.)						(*g*) Died per 1,000.							(*h*) Liability in percentages. (Previous column expressed in percentages.)						
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.
Enteric Fever	4·75	6·37	2·58	1·45	1·07	2·47	25	34	14	8	6	13	7·95	4·88	2·64	·96	2·25	3·28	1·22	34	21	11	4	10	14	5
Cholera	1·43	·69	1·09	·87	·54	...	31	15	24	19	12	...	·81	·49	·50	·16	·75	2·02	·61	15	9	9	3	14	38	11
Dysentery	1·90	·66	·66	·14	...	...	57	20	20	4	...	...	1·23	·59	·38	...	·25	·59	...	40	19	12	...	8	19	...
Intermittent and Remittent Fevers	...	·37	·35	·87	·54	...	...	17	16	41	25	...	·27	·49	·25	...	·38	·67	1·22	8	15	8	...	12	20	37
Alcoholism	...	·06	·04	·14	...	...	...	25	17	58	...	...	·05	·10	...	...	...	·17	...	16	31	...	...	...	53	...
Tubercle of the lungs	...	·09	·31	·43	·54	...	...	7	23	31	39	...	...	·10	·25	·16	...	·67	·61	...	6	14	9	...	37	34
Nervous Diseases	...	·09	·35	·58	·54	...	...	6	22	37	35	...	·21	·10	...	·16	·13	·67	·31	13	6	...	10	8	42	20
Circulatory Diseases	...	·19	·70	2·32	4·29	12·35	...	1	4	12	22	62	·16	·39	...	·16	1·25	1·76	3·67	2	5	...	2	17	24	50
Pneumonia	·48	·47	·52	·72	...	...	22	21	24	33	...	...	·48	·88	·38	·32	·13	·76	...	16	30	13	11	4	26	...
Other Respiratory Diseases	...	·16	·17	·2	...	4·94	...	3	3	5	...	89	·27	·10	...	...	·25	·25	·61	18	7	...	...	17	17	41
Abscess of the liver	·48	·81	2·01	1·88	1·61	...	7	12	30	28	24	...	1·23	1·27	1·13	·64	1·50	2·18	·61	14	15	13	7	18	25	7
Urinary Diseases	...	·19	·22	...	1·07	2·47	...	5	6	...	27	63	·21	·20	·13	...	·13	·34	·61	13	12	8	...	8	21	38
All Diseases	9·03	10·15	9·00	9·70	10·19	22·22	13	14	13	14	14	32	12·89	9·57	5·67	2·57	7·01	13·36	9·49	21	16	9	4	12	22	16
Heat-stroke	...	·72	·87	·72	1·61	4·94	...	8	10	8	18	56	1·23	·78	·38	·16	·50	·92	·92	25	16	8	3	10	19	19
Suicide	...	·25	·13	·58	2·14	...	...	8	4	19	69	...	·16	·68	·25	...	·38	·17	·61	7	30	11	...	17	8	27
Other injuries	...	·56	1·00	·72	·54	...	...	20	35	26	19	...	·48	·78	·25	·64	·63	1·43	·61	10	16	5	13	13	30	13
All Causes	9·03	12·84	12·41	14·05	18·23	27·16	10	14	13	15	19	29	15·95	13·48	7·05	3·85	10·02	18·15	13·77	19	16	9	5	12	22	17
	(*c*) Number of deaths.						(*d*) Composition of 100 deaths at each age.						(*i*) Number of deaths.							(*j*) Composition of 100 deaths in each period of residence.						
Enteric Fever	10	204	59	10	2	1	53	50	21	10	6	9	148	50	21	6	18	39	4	50	36	38	25	22	18	9
Cholera	3	22	25	6	1	...	16	5	9	6	3	...	15	5	4	1	6	24	2	5	4	7	4	8	11	4
Dysentery	4	21	15	1	...	...	21	5	5	1	...	...	23	6	3	...	2	7	...	8	4	5	...	2	3	...
Intermittent and Remittent Fevers	...	12	8	6	1	...	...	3	3	6	3	...	5	5	2	...	3	8	4	2	4	4	...	4	4	9
Alcoholism	...	2	1	1	...	...	...	...	...	1	...	...	1	1	...	...	...	2	...	...	1	...	...	...	1	...
Tubercle of the lungs	...	3	7	3	1	...	...	1	2	3	3	...	...	1	2	1	...	8	2	...	1	4	4	...	4	4
Nervous Diseases	...	3	8	4	1	...	...	1	3	4	3	...	4	1	...	1	1	8	1	1	1	...	4	1	4	2
Circulatory Diseases	...	6	16	16	8	5	...	1	6	16	24	45	3	4	...	1	10	21	12	1	3	...	4	13	10	27
Pneumonia	1	15	12	5	...	...	5	4	4	5	...	...	9	9	3	2	1	9	...	3	7	5	8	1	4	...
Other Respiratory Diseases	...	5	4	2	...	2	...	1	1	2	...	18	5	1	...	...	2	3	2	2	1	...	...	2	1	4
Abscess of the liver	1	26	46	13	3	...	5	6	16	13	9	...	23	13	9	4	12	26	2	8	9	16	17	15	12	4
Urinary Diseases	...	6	5	...	2	1	...	1	2	...	6	9	4	2	1	...	1	4	2	1	1	2	...	1	2	4
All Diseases	19	325	206	67	19	9	100	79	73	69	56	82	240	98	45	16	56	159	31	81	71	80	67	70	74	69
Heat-stroke	...	23	20	5	3	2	...	6	7	5	9	18	23	8	3	1	4	11	3	8	6	5	4	5	5	7
Suicide	...	8	3	4	4	...	...	2	1	4	12	...	3	7	2	...	3	2	2	1	5	4	...	4	1	4
Other injuries	...	18	23	5	1	...	...	4	8	5	3	...	9	8	2	4	5	17	2	3	6	4	17	6	8	4
All Causes	19	411	284	97	34	11	100	100	100	100	100	100	297	138	56	24	80	216	45	100	100	100	100	100	100	100
	(*e*) Number of deaths.						(*f*) Percentage at each age to total number.						(*k*) Number of deaths.							(*l*) Percentage in each period of residence to total number.						
Enteric Fever	10	204	59	10	2	1	3	71	21	3	1	...	148	50	21	6	18	39	4	52	17	7	2	6	14	1
Cholera	3	22	25	6	1	...	5	39	44	11	2	...	15	5	4	1	6	24	2	26	9	7	2	11	42	4
Abscess of the liver	1	26	46	13	3	...	1	29	52	15	3	...	23	13	9	4	12	26	2	26	15	10	4	13	29	2
Suicide	...	8	3	4	4	...	...	42	16	21	21	...	3	7	2	...	3	2	2	16	37	11	...	16	11	11
All Causes	19	411	284	97	34	11	2	48	33	11	4	1	297	138	56	24	80	216	45	35	16	7	3	9	25	5

NOTE.—Marching returns and returns wherein the classification by age and service was omitted have been excluded.

TABLE XVII.

RELATION of INVALIDING to AGE and LENGTH of RESIDENCE in INDIA

A.—AGE.

CAUSES OF INVALIDING.	(a) INVALIDED PER 1,000.						(b) LIABILITY IN PERCENTAGES (Previous column expressed in percentages.)					
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 20.	20 andless than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.
Dysentery	...	·94	1·14	·43	...	...	...	37	45	17	...	...
Intermittent and Remittent Fevers	·95	3·31	4·46	2·75	3·75	14·81	3	11	15	9	12	49
Venereal Diseases	·95	2·65	4·59	2·61	...	4·94	6	17	29	17	...	31
Debility	·48	2·59	3·63	3·77	5·36	19·75	1	7	10	11	15	56
Rheumatism	·48	·47	1·40	·58	...	...	16	16	48	20	...	...
Tubercle of the lungs	...	1·22	1·88	1·30	...	...	...	28	43	30	...	...
Mental Diseases	·48	1·00	1·70	·72	·54	...	11	23	38	16	12	...
Epilepsy	...	·66	·44	·43	...	...	...	43	29	28	...	...
Other Nervous Diseases	...	·69	1·00	1·45	1·61	2·47	...	10	14	20	22	34
Eye, ear, and nose Diseases	...	2·62	1·18	·58	1·07	2·47	...	33	15	7	14	31
Palpitation	2·38	1·66	1·75	72	1·07	...	31	22	23	9	14	...
Valvular disease of the heart	·48	1·59	1·49	1·74	2·68	4·94	4	12	12	13	21	38
Other Circulatory Diseases	·48	·72	·57	1·30	·54	...	13	20	16	36	15	...
Respiratory Diseases	...	·44	·57	·14	...	...	...	38	50	12	...	...
Hepatitis and Abscess of the liver	·48	·84	2·36	2·17	4·83	7·41	3	5	13	12	27	41
Locomotive Diseases	·95	1·12	1·05	·29	...		28	33	31	9	...	...
Injuries	...	1·00	1·44	1·74	...		...	24	34	42	...	...
All Causes	9·03	31·11	34·12	27·08	22·52	66.67	5	16	18	14	12	35

CAUSES OF INVALIDING.	(c) NUMBER INVALIDED.						(d) COMPOSITION OF 100 INVALIDINGS AT EACH AGE.					
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.
Dysentery	...	30	26	3	...	...	...	3	3	2	...	...
Intermittent and Remittent Fevers	2	106	102	19	7	6	11	11	13	10	17	22
Venereal Diseases	2	85	105	18	...	2	11	9	13	10	...	7
Debility	1	83	83	26	10	8	5	8	11	14	24	30
Rheumatism		15	32	4	...	...	5	2	4	2	...	...
Tubercle of the lungs	...	39	43	9	...	...	...	4	6	5	...	...
Mental Diseases	1	32	39	5	1	...	5	3	5	3	2	...
Epilepsy	...	21	10	3	...	...	...	2	1	2	...	...
Other Nervous Diseases	...	22	23	10	3	1	...	2	3	5	7	4
Eye, ear, and nose Diseases	...	84	27	4	2	1	...	8	3	2	5	4
Palpitation	5	53	40	5	2	...	25	5	5	3	5	...
Valvular disease of the heart	1	51	34	12	5	2	5	5	4	6	12	7
Other Circulatory Diseases	1	23	13	9	1	...	5	2	2	5	2	...
Respiratory Diseases	...	14	13	1	...	...	...	2	2	1	...	...
Hepatitis and Abscess of the liver	1	27	54	15	9	3	5	3	7	8	21	11
Locomotive Diseases	2	36	24	2	...	...	11	4	3	1	...	...
Injuries	...	32	33	12	...	...	...	3	4	6	...	...
All Causes	19	996	781	187	42	27	100	100	100	100	100	100

CAUSES OF INVALIDING.	(e) NUMBER INVALIDED.						(f) PERCENTAGE AT EACH AGE TO TOTAL NUMBER.					
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.
Intermittent and Remittent Fevers	2	106	102	19	7	6	1	44	42	8	3	2
Venereal Diseases	2	85	105	18	...	2	1	40	50	8	...	1
Debility	1	83	83	26	10	8	...	39	39	12	5	4
All Causes	19	996	781	187	42	27	1	49	38	9	2	1

B.—LENGTH OF RESIDENCE IN INDIA.

CAUSES OF INVALIDING.	(g) INVALIDED PER 1,000.							(h) LIABILITY IN PERCENTAGES. (Previous column expressed in percentages.)						
	Under 1.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	Under 1.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.
Dysentery	·59	·78	·76	·64	1·13	1·68	·31	10	13	13	11	19	29	5
Intermittent and Remittent Fevers	·81	3·03	3·78	5·94	3·88	6·64	5·81	3	10	13	20	13	22	19
Venereal Diseases	1·02	3·03	2·14	2·73	4·38	6·55	4·59	4	12	9	11	18	27	19
Debility	1·02	3·03	2·64	3·53	3·13	5·04	10·10	4	11	9	12	11	18	35
Rheumatism	·21	·49	1·01	1·28	·63	1·43	1·53	3	7	15	19	10	22	23
Tubercle of the lungs	·75	1·17	1·01	1·60	1·75	2·52	·92	8	12	10	16	18	26	9
Mental Diseases	·59	1·37	1·51	1·28	1·00	1·85	·92	7	16	18	15	12	22	11
Epilepsy	·43	·49	·50	·96	·38	·67	...	13	14	14	28	11	20	...
Other Nervous Diseases	·27	·59	·88	1·12	1·00	1·85	1·22	4	9	13	16	14	27	18
Eye, ear, and nose Diseases	2·09	2·54	1·13	2·41	1·13	1·51	·61	18	22	10	21	10	13	5
Palpitation	·70	1·47	1·64	1·93	1·38	3·19	·92	6	13	15	17	12	28	8
Valvular disease of the heart	·81	1·86	1·51	2·41	1·25	2·35	1·84	7	15	13	20	10	20	15
Other Circulatory Diseases	·54	·59	·88	·32	·38	1·18	1·53	10	11	16	6	7	22	28
Respiratory Diseases	·21	·49	·25	·16	·63	·76	·61	7	16	8	5	20	24	20
Hepatitis and Abscess of the liver	·54	1·27	·50	1·76	·88	3·87	5·51	4	9	3	12	6	27	38
Locomotive Diseases	·97	1·07	·50	·48	·50	1·85	·61	16	18	8	8	8	31	10
Injuries	·91	1·56	·50	1·12	·50	2·35	·31	13	22	7	15	7	32	4
All Causes	16·54	29·79	29·60	39·15	27·67	50·50	42·23	7	13	13	17	12	21	18

CAUSES OF INVALIDING.	(i) NUMBER INVALIDED.							(j) COMPOSITION OF 100 INVALIDINGS IN EACH PERIOD OF RESIDENCE.						
	Under 1.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	Under 1.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.
Dysentery	11	8	6	4	9	20	1	4	3	3	2	4	3	1
Intermittent and Remittent Fevers	15	31	30	37	31	79	19	5	10	13	15	14	13	14
Venereal Diseases	19	31	17	17	35	78	15	6	10	7	7	16	13	11
Debility	19	31	21	22	25	60	33	6	10	9	9	11	10	24
Rheumatism	4	5	8	8	5	17	5	1	2	3	3	2	3	4
Tubercle of the lungs	14	12	8	10	14	30	3	5	4	3	4	6	5	2
Mental Diseases	11	14	12	8	8	22	3	4	5	5	3	4	4	2
Epilepsy	8	5	4	6	3	8	...	3	2	2	2	1	1	...
Other Nervous Diseases	5	6	7	7	8	22	4	2	2	3	3	4	4	3
Eye, ear, and nose Diseases	39	26	9	15	9	18	2	13	9	4	6	4	3	1
Palpitation	13	15	13	12	11	38	3	4	5	6	5	5	6	2
Valvular disease of the heart	15	19	12	15	10	28	6	5	6	5	6	5	5	4
Other Circulatory Diseases	10	6	7	2	3	14	5	3	2	3	1	1	2	4
Respiratory Diseases	4	5	2	1	5	9	2	1	2	1	...	2	1	1
Hepatitis and Abscess of the liver	10	13	4	11	7	46	18	3	4	2	5	3	8	13
Locomotive Diseases	18	11	4	3	4	22	2	6	4	2	1	2	4	1
Injuries	17	16	4	7	4	28	1	6	5	2	3	2	5	1
All Causes	308	305	235	244	221	601	138	100	100	100	100	100	100	100

CAUSES OF INVALIDING.	(k) NUMBER INVALIDED.							(l) PERCENTAGE IN EACH PERIOD OF RESIDENCE TO TOTAL NUMBER.						
	Under 1.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	Under 1.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.
Intermittent and Remittent Fevers	15	31	30	37	31	79	19	6	13	12	15	13	33	8
Venereal Diseases	19	31	17	17	35	78	15	9	15	8	8	17	37	7
Debility	19	31	21	22	25	60	33	9	15	10	10	12	28	16
All Causes	308	305	235	244	221	601	138	15	15	11	12	11	29	7

NOTE.—Marching returns and returns wherein the classification by age and service was omitted have been excluded.

TABLE XVIII.

STATISTICS OF OFFICERS.

A.—SICKNESS and MORTALITY among OFFICERS of the BRITISH ARMY in 1903. (From the medical returns of the army.)

	Ratios per 1,000 of strength.								Actuals.							
	Bengal.	Punjab.	Madras.	Burma.	Bombay.	Delhi Manœuvres and Durbar Force.	Aden Column Field Force.	India.	Bengal.	Punjab.	Madras.	Burma.	Bombay.	Delhi Manœuvres and Durbar Force.	Aden column Field Force.	India.
STRENGTH	...	...	...	...	...	...	...	...	667	520	339	92	524	23	25	2,190
CONSTANTLY SICK	29·6	29·3	35·3	39·8	23·9	31·7	50·0	29·7	19·76	15·26	11·96	3·66	12·52	·73	1·25	65·14
INVALIDS	42·0	30·8	50·1	97·8	42·0	...	...	42·0	28	16	17	9	22	...	...	92
CASES REMAINING FROM 1902	...	...	...	...	...	...	...	...	5	14	2	3	8	10	...	42
ADMISSIONS	736·1	826·9	911·5	1250·0	757·6	608·7	1000·0	813·2	491	430	309	115	397	14	25	1,781
Influenza	33·0	9·6	8·8	...	7·6	...	40·0	16·0	22	5	3	...	4	...	1	35
Cholera	1·5	..	...	...	...	...	...	·5	1	...	...	...	...	...	...	1
Small-pox	3·0	1·9	...	...	1·9	...	...	1·8	2	1	...	...	1	...	...	4
Enteric Fever	27·0	25·0	38·3	...	19·1	...	...	24·7	18	13	13	...	10	...	...	54
Intermittent Fever	160·4	223·1	120·9	250·0	221·4	...	400·0	188·6	107	116	41	23	116	...	10	413
Remittent Fever	10·5	13·5	8·8	65 2	5·7	...	...	11·9	7	7	3	6	3	...	...	26
Simple Continued Fever	34·5	38·5	23·6	76·1	19·1	...	...	31·0	23	20	8	7	10	...	...	68
Tubercle of the lungs	1·5	3·8	...	...	...	...	...	1·4	1	2	...	...	...	...	...	3
Pneumonia	...	7·7	...	10·9	3·8	43·5	...	3·7	...	4	...	1	2	1	...	8
Other Respiratory Diseases	21·0	19·2	8·8	21·7	11·5	...	...	16·0	14	10	3	2	6	...	...	35
Dysentery	28 5	9·6	23·6	65·2	21·0	130·4	120·0	25·1	19	5	8	6	11	3	3	55
Diarrhœa	19·5	50·0	61·9	...	45·8	...	...	38·4	13	26	21	...	24	..	...	84
Hepatic Abscess	3·0	...	...	...	...	...	...	·9	2	...	...	...	...	...	...	2
„ Congestion and Inflammation	15·0	21·2	23·6	10·9	24·8	130·4	...	21·0	10	11	8	1	13	3	...	46
Venereal Diseases	12·0	3·8	20·6	10·9	15·3	...	...	11·9	8	2	7	1	8	...	...	26
DEATHS	13·49	11·54	5·90	43·47	13·36	43·48	...	13·24	9	6	2	4	7	1	...	29
Cholera	1·50	...	...	...	...	...	...	·46	1	...	...	...	...	...	...	1
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	1·50	5·77	5·90	...	1·91	43·48	...	3·65	1	3	2	...	1	1	...	8
Intermittent Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...
Remittent Fever	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
Simple Continued Fever	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...
Heat-stroke	...	1·92	...	...	5·73	...	...	1·83	...	1	...	...	3	...	...	4
Circulatory Diseases	1·50	...	...	...	1·91	...	...	·91		...	...	...	1	...	...	2
Tubercle of the lungs	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	1·92	...	...	...	...	...	·46	...	1	...	...	...	...	...	1
Other Respiratory Diseases	1·50	...	...	...	...	...	...	·46	1	...	...	...	...	..	...	1
Dysentery	...	...	..	32·61	3·82	...	...	2·28	...	...	...	3	2	...	...	5
Diarrhœa	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...
Hepatic Abscess	1·50	...	...	...	...	...	...	·46	1	...	...	...	...	...	...	1
DEATHS OUT OF HOSPITAL	6·00	1·92	...	...	7·63	...	...	4·11	4	1	...	...	4	...	...	9

B.—CAUSES of DEATH among OFFICERS of the BRITISH and INDIAN ARMIES in 1903. (From non-medical sources.)

ARMIES.	Strength in India, whether on leave or not, on the 1st of July 1903.	Strength in Europe or beyond sea on 1st July 1902, whether on furlough or sick leave.	In India.															Deaths in England and other countries.	Deaths at sea.	GRAND TOTAL.	Ratio per 1,000.
			Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	TOTAL.				
BRITISH	2,353	706	1	...	8	...	...	...	4	2	...	1	1	5	...	1	29	5	...	34	11·11
INDIAN	2,797	694	1	...	5	...	1	...	...	...	...	1	...	...	...	1	19	17	1	37	10·60

TABLE XVIII—*continued.*

STATISTICS OF OFFICERS.

C.—CHOLERA by months, stations, groups, and commands.

Station,* Group, and Commands.	Average annual strength.	Number of admissions from Cholera in each month.												Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
anikhet	53	...	...	...	...	...	...	1	...	...	...	...	...	1	18·9	1	18·87
roup XII*a*.—Hill Stations.	320	...	...	...	...	...	...	1	...	..	...	...	...	1	3·1	1	3·13
INDIA .	2,190	...	...	...	...	...	...	1	...	...	...	...	...	1	·5	1	·46
Bengal	667	...	...	...	...	...	...	1	...	...	...	...	...	1	1·5	1	1·5
Punjab	529	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
Madras	339	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Burma	92	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bombay	524	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

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* Stations where Cholera did not occur are not shown in this table.

TABLE XVIII—*concluded.*

STATISTICS OF OFFICERS.

C.—ENTERIC FEVER by months, stations, groups, and commands—concluded.

STATIONS,* GROUPS, AND COMMANDS.	Average annual strength.	NUMBER OF ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
Dum-Dum	11	...	...	...	...	1	...	...	...	...	...	...	...	1	90·9	...	...
GROUP IV.—BENGAL AND ORISSA	66	...	...	...	...	1	...	...	...	...	...	...	...	1	15·2	...	...
B																	
Dinapore	21	...	...	...	...	...	...	...	...	1	...	...	...	1	47·6	...	...
Fyzabad	21	...	...	...	1	...	...	...	...	...	...	...	...	1	47·6	...	...
Lucknow	66	...	...	1	...	1	...	...	...	...	...	...	1	3	45·5	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	188	...	...	1	1	1	...	...	...	1	...	...	1	5	26·6	...	...
A																	
Meerut	51	...	...	...	...	...	...	...	...	1	...	1	1	3	58·8	...	...
Umballa	62	...	1	...	...	...	...	...	...	...	...	...	1	2	32·3	1	16·13
B																	
Meean Meer	28	...	...	...	...	1	...	...	...	1	1	...	...	3	107·1	...	...
Rawalpindi	77	...	...	...	...	...	...	...	...	...	1	...	...	1	13·0	...	...
GROUP VI.—UPPER SUB-HIMALAYA	388	...	1	...	...	1	...	...	...	2	2	1	2	9	23·2	1	2·58
B																	
Nowgong	8	1	...	...	...	...	...	...	...	...	...	...	...	1	125·0	...	...
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	171	1	...	...	...	...	...	...	...	...	...	...	...	1	5·8	...	...
B																	
Belgam	34	...	...	...	...	1	...	...	...	...	...	...	...	1	29·4	...	...
Poona	85	...	...	...	...	...	...	1	2	1	1	...	...	5	58·8	1	11·76
GROUP IX.—DECCAN	342	...	...	...	...	1	...	1	2	1	1	...	...	6	17·5	1	2·92
Mallapuram	4	...	...	...	...	...	...	1	1	...	...	...	...	2	500·0	1	250·00
GROUP X.—WESTERN COAST	63	...	...	...	...	...	...	1	1	...	...	...	...	2	31·7	1	15·87
A																	
Bellary	20	...	...	...	...	...	...	...	...	1	...	...	...	1	50·0	...	...
Bangalore	102	...	...	1	...	...	...	...	...	...	...	...	...	1	9·8	...	...
B																	
Madràs	25	...	...	...	...	...	...	...	1	...	...	...	...	1	40·0	...	...
GROUP XI.—SOUTHERN INDIA	155	...	...	1	...	...	...	...	1	1	...	...	...	3	19·4	...	...
Ranikhet	53	...	...	...	...	...	...	...	...	1	...	...	...	1	18·9	...	...
Chaubuttia	10	...	...	...	...	...	...	1	...	...	...	...	...	1	100·0	...	...
Chakrata	46	...	...	...	1	...	...	...	...	...	...	...	...	1	21·7	...	...
Cherat	7	...	...	...	...	...	2	...	...	...	...	...	...	2	285·7	2	285·71
Quetta	92	...	...	...	...	...	...	2	1	1	...	...	...	4	43·5	...	...
GROUP XII*a*.—HILL STATIONS	320	...	...	...	1	...	2	3	1	2	...	...	...	9	28·1	2	6·25
Naini Tal	19	...	...	...	...	...	2	...	...	...	...	...	...	2	105·3	...	...
Landour	7	...	...	...	...	...	1	1	...	1	...	...	...	3	428·6	1	142·86
Kasauli	11	...	...	...	...	1	...	...	...	...	...	...	...	1	90·9	...	...
Dalhousie	24	...	...	1	...	...	...	...	...	...	...	...	...	1	41·7	...	...
Murree	16	...	...	...	...	...	1	...	...	2	...	...	...	3	187·5	...	...
Mount Abu	4	...	...	...	...	1	...	...	...	...	...	...	...	1	250·0	...	...
Wellington	47	...	...	...	...	...	...	7	...	...	...	...	...	7	148·9	1	21·28
GROUP XII*b*.—HILL CONVALESCENT DEPÔTS AND SANITARIA	158	...	...	1	...	2	4	8	...	3	...	...	...	18	113·9	2	12·66
Delhi Manœuvres and Durbar Force	23	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	43·48
INDIA	2,190	1	1	3	2	6	6	13	5	10	3	1	3	54	24·7	8	3·65
BENGAL	667	1	...	1	2	2	3	2	...	4	...	1	2	18	27·0	1	1·50
PUNJAB	520	...	1	1	...	2	3	...	...	3	2	...	1	13	25·0	3	5·77
MADRAS	339	...	...	1	...	1	...	8	2	1	...	...	...	13	38·3	2	5·90
BURMA	92	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
BOMBAY	524	...	...	...	...	1	...	3	3	2	1	...	...	10	19·1	1	1·91

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* Stations where Enteric Fever did not occur are not shown in this table.

E.—*DETAIL of DISEASES.*

DISEASES.	INDIA.*			FIELD SERVICE.	
	Admissions.	Deaths.	Invalidings.	Admissions.	Deaths.
Small-pox	4	...	...	..	...
Chicken-pox	1	...	...	...	...
Measles	1	...	...	...	...
Rubella	3	...	...	...	...
Plague	2	...	...	...	...
Dengue	33	...	...	...	...
Influenza	34	...	...	1	...
Mumps	1	...	...	...	...
Simple continued fever	68	...	..	...	...
Enteric fever	54	8	18	...	...
Mediterranean fever	1	..	...	...	...
Cholera	1	1	...	...	...
Dysentery	52	5	6	3	...
Intermittent fever	403	...	12	10	...
Remittent fever	26	...	...	...	...
Erysipelas	2	...	...	...	...
Tetanus	...	1	...	...	...
Tubercle of the lungs	3	...	2	...	...
Secondary syphilis	3	...	1	...	...
Gonorrhœa	20	..		...	...
Rheumatic fever	2	...	...	...	...
Rheumatism	13	...	...	1	...
Gout	8	...	...	...	...
Cyst	1	...	...	...	...
Warts	1	...	...	...	...
Anæmia	1	...	1	...	...
Congenital phimosis	1	...	...	...	...
Debility	45	...	16	1	...
Pachymeningitis	1	...	...	...	...
Vertigo	1	...	...	...	...
Headache	1	...	...	...	...
Neuralgia	15	...	...	...	...
Hysteria	1	...	...	...	...
Nervous weekness	4	...	3	...	...
Conjunctivitis	10	...	...	...	...
Iritis	2	...	..	...	...
Functional night blindness	1	...	...	...	...
Diplopia	1	...		...	...
Stye	1	...	...	...	...
Inflammation of the external ear	6	...	...	...	...
Inflammation of the middle ear	4	...	1	...	...
Ozæna	1	...	...	...	...
Necrosis	1	...	...	...	...
Inflamation of naso-pharynx	1	...	..	...	...
Valvular disease of the heart	1	...	1	...	...
Syncope	...	1	...	...	...
Disordered action of the heart	3	...	...	...	...
Embolism	2	1	...	...	...
Phlebitis	2	...	1	...	...
Laryngitis	3	...	...	...	...
Spasm	1	...	...	...	...
Bronchitis	24	1	...	...	...
Hæmoptysis	1	...	1	...	...
Pneumonia	8	1	1	...	...
Pleurisy	4	...	1	...	...
Empyema	2	...	2	...	...
Caries of dentine	1	...	...	...	...
Inflammation of the dental periosteum	4	...	...	...	...
Gum-boil	3	...	...	...	...
Sore-throat	14	...	...	...	...
Tonsillitis, follicular	43	...	...	...	...
Quinsy	7	...	...	..	...
Inflammation of salivary gland	1	...	...	...	...
„ pharynx	2	...	...	...	...
Gastritis	15	...	...	...	...
Indigestion	10	...		...	...
Enteritis	7	...	...	...	...
Typhlitis	15	...	5	...	...
Colitis	2	...	1	...	..
Inflammation of intestines	12	...	...	1	...
Obstruction of intestines	1	...	1	...	...
Constipation	1	...	...	...	...
Colic	12	...	...	...	...
Diarrhœa	84	...	...	...	...
Fissure of the anus	1	...	...	...	...
Fistula in ano	2	...	...	...	...
Prolapse of the rectum and anus	1	...	...	...	...
Piles	13	...	...	...	...
Hepatitis	12	...	2	...	...
Abscess of the liver	2	1	...	...	...
Congestion of liver	34	...	1	...	...
Jaundice	17	1	...	...	...
Cholecystitis	3	...	...	...	...
Biliary colic	1	...	...	...	...
Inflammation of lymph glands	24	...	...	...	...
Suppuration of lymph glands.	1	...	...	...	...
Inflammation of lymphatics	1	...	...	...	...
Goitre	1	...	...	...	...
Calculus in kidney	2	...	2	...	...
Hæmaturia	2	...	...	...	...
Albuminuria	1	...	...	...	...
Lithuria	1	...	...	...	...
Inflammation of the bladder	2	...	...	...	...
Calculus in the bladder	1	..	1	...	...
Urethritis	1	...	...	...	...
Phimosis	4	...	...	...	...
Balanitis	1	...	...	...	...
Soft chancre	3	...	...	...	...
Hydrocele of the spermatic cord	1	...	...	...	...
„ „ tunica vaginalis	2	...	...	...	...
Orchitis	15	...	...	...	...
Epididymitis	1	...	...	...	..
Periostitis	3	...	...	...	...
Synovitis	37	...	3	...	...
Dislocation of articular cartilage	2	...	...	...	...
„ joint	2	...	...	...	...
Myalgia	4	...	...	...	...
Inflammation of bursæ	1	...	...	...	...
„ connective tissue	34	...	2	2	...
Abcess „ „ „	20	...	...	...	...
Urticaria	3	...	...	...	...
Prickly-heat	1	...	...	...	...
Eczema	7	...	1	...	...
Herpes	1	...	...	...	...
Zona	1	...	...	...	...
Pemphigus	2	...	...	...	...
Ulcer	17	...	...	...	...
Boil	48	...	...	...	...
Carbuncle	1	...	...		...
Whitlow	1	...	...	...	...
Onychia	1	...	...	...	...
Corn	4	...	...	...	...
Burns and scalds	4	...	...	...	...
Heat-stroke	11	2	1	1	...
Sun-stroke	2	...	...	...	...
Heat-apoplexy	...	2	...	...	...
Multiple injury	2	1	..	...	...
Contusion	86	...	1	1	...
Sprains and strains	65	...	...	1	...
Rupture of muscles and tendons	2	...	...	...	...
Gunshot wounds	1	1	1	...	...
Other wounds	34	...	...	1	...
Foreign bodies in skin	2	...	...	...	...
Abrasions	18	...	...	...	...
Fracture of the vault of skull	...	1	...	...	...
„ „ base „	3	1	1	...	...
„ of other bones	38	...	...	...	...
Dislocation	9	...	...	1	...
Concussion of the brain	13	..	2	...	...
Laceration „ „	1	...	...	...	...
Poison, ptomains	2	...	...	...	...
Poisoned wound, by dog	1	...	...	...	..
„ „ by gardening tools	1	...	...	...	...
„ „ by septic matter	1	..	...	...	...
TOTAL	1,756	29	92	25	...

*Excluding Field Service.

B. WOMEN.

TABLE XIX.

RATIOS AND ACTUALS OF COMMANDS.

	Bengal Command.		Punjab Command.		Madras Command.		Barma District.		Bombay Command.		India.*		
Strength	846		684		480		154		727		2,891		
	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Remainin from 1902
Constantly sick	29·1	24·58	33·8	23·11	42·3	20·30	38·7	5·96	41·1	29·85	35·9	103·80	
ADMISSIONS—													
Influenza	4·7	4	...	...	8·3	4	...	...	...	...	2·8	8	...
Cholera	1·2	1	1·5	1	...	...	...	...	...	...	·7	2	...
Small-pox	2·4	2	1·5	1	...	...	...	...	2·8	2	1·7	5	...
Enteric Fever	15·4	13	10·2	7	4·2	2	...	...	4·1	3	8·6	25	1
Intermittent Fever	98·1	83	100·9	69	97·9	47	77·9	12	160·9	117	113·5	328	15
Remittent Fever	2·4	2	10·2	7	2·1	1	6·5	1	1·4	1	4·2	12	...
Simple Continued Fever	8·3	7	7·3	5	16·7	8	26·0	4	5·5	4	9·7	28	...
Tubercle of the lungs	...	...	8·8	6	6·2	3	6·5	1	6·9	5	5·2	15	1
Pneumonia	1·2	1	5·8	4	...	...	...	...	1·4	1	2·1	6	...
Other Respiratory Diseases	8·3	7	7·3	5	35·4	17	13·0	2	23·4	17	16·6	48	1
Dysentery	30·7	26	16·1	11	12·5	6	26·0	4	15·1	11	20·1	58	1
Diarrhœa	17·7	15	23·4	16	12·5	6	19·5	3	23·4	17	19·7	57	...
Anæmia and Debility	256·5	217	309·9	212	239·6	115	396·1	61	341·1	248	295·1	853	22
Abortion and Puerperal Affections	34·3	29	29·2	20	68·7	33	51·9	8	34·4	25	39·8	115	4
Other diseases peculiar to women	33·1	28	39·5	27	72·9	35	84·4	13	52·3	38	48·8	141	4
ALL CAUSES	640·7	542	682·7	467	908·3	436	987·0	152	821·2	597	758·9	2,194	66
DEATHS—													*Deaths out o Hospital*
Cholera	1·18	1	2·92	2	...	...	...	...	...	...	1·04	3	
Small-pox	1·18	1	...	...	...	...	...	...	...	...	·35	1	...
Enteric Fever	3·55	3	2·92	2	2·08	1	...	...	1·38	1	2·42	7	...
Intermittent Fever	2·36	2	1·46	1	...	...	6·49	1	...	...	1·38	4	...
Remittent Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	..
Tubercle of the lungs	...	...	...	...	2·08	1	...	...	1·38	1	·69	2	...
Pneumonia	1·18	1	1·46	1	...	...	...	...	1·38	1	1·04	3	...
Other Respiratory Diseases	...	...	...	...	...	...	...	...	1·38	1	·35	1	...
Dysentery	...	...	...	...	...	...	6·49	1	1·38	1	·69	2	...
Diarrhœa	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...
Childbirth and Abortion	...	...	...	...	...	...	6·49	1	...	...	·35	1	...
ALL CAUSES	18·91	16	17·54	12	6·25	3	19·48	3	9·63	7	14·18	41	3
PERCENTAGE IN 100 ADMISSIONS—													
Influenza	·74		...		·92		...		...		·36		
Cholera	·18		·21		...		...		...		·09		
Small-pox	·37		·21		...		...		·34		·23		
Enteric Fever	2·40		1·50		·46		...		·50		1·14		
Intermittent Fever	15·31		14·78		10·78		7·89		19·60		14·95		
Remittent Fever	·37		1·50		·23		·66		·17		·55		
Simple Continued Fever	1·29		1·07		1·83		2·63		·67		1·28		
Tubercle of the lungs	...		1·28		·69		·66		·84		·68		
Pneumonia	·18		·86		...		...		·17		·27		
Other Respiratory Diseases	1·29		1·07		3·90		1·32		2·85		2·19		
Dysentery	4·80		2·36		1·38		2·63		1·84		2·64		
Diarrhœa	2·77		3·43		1·38		1·97		2·85		2·60		
Anæmia and Debility	40·04		45·40		26·38		40·13		41·54		38·88		
Abortion and Puerperal Affections	5·35		4·28		7·57		5·26		4·19		5·24		
Other diseases peculiar to women	5·17		5·78		8·03		8·55		6·37		6·43		
PERCENTAGE IN 100 DEATHS—													
Cholera	6·3		16·7		...		...		...		7·3		
Small-pox	6·3		...		...		...		...		2·4		
Enteric Fever	18·8		16·7		33·3		...		14·3		17·1		
Intermittent Fever	12·5		8·3		...		33·3		...		9·8		
Remittent Fever	...		...		...		...		...		...		
Simple Continued Fever	...		...		...		...		...		...		
Tubercle of the lungs	...		...		33·3		...		14·3		4·9		
Pneumonia	6·3		8·3		...		...		14·3		7·3		
Other Respiratory Diseases	...		...		...		...		14·3		2·4		
Dysentery	...		...		...		33·3		14·3		4·9		
Diarrhœa	...		...		...		...		...		...		
Hepatic Abscess	...		...		...		...		...		...		
Childbirth and Abortion	...		...		...		33·3		...		2·4		

* For complete detail of diseases, see Table LIII.

TABLE XX.

CHOLERA by months, stations, groups, and commands.

STATIONS,* GROUPS, AND COMMANDS.	Average annual strength.	Number of admissions from Cholera in each month. January.	February.	March.	April.	May.	June.	July.	August.	September	October.	November.	December.	Total admission.	Admission rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
Umballa	62	...	...	...	...	...	...	1	...	...	...	...	...	1	16·1	1	16·13
Sialkot	44	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	22·73
GROUP VI.—UPPER SUB-HIMALAYA	496	...	...	...	...	...	...	1	...	...	...	...	...	1	2·0	2	4·03
Ranikhet	50	...	...	...	...	...	...	...	1	...	...	...	...	1	20·0	1	20·00
GROUP XII*a*.—HILL STATIONS	394	...	...	...	...	...	...	...	1	...	...	...	...	1	2·5	1	2·54
INDIA	2,891	...	...	...	...	...	...	1	1	...	...	...	...	2	·7	3	1·04
Bengal	846	...	...	...	...	...	...	...	1	...	...	...	...	1	1·2	1	1·18
Punjab	684	...	...	...	...	...	...	1	...	...	...	...	...	1	1·5	2	2·92
Madras	480	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Burma	154	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bombay	727	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

*Stations where Cholera did not occur are not shown in this table.

WOMEN, 1903.

TABLE XXI.

ENTERIC FEVER by months, stations, groups, and commands.

Stations,* Groups, and Commands.	Average annual strength.	Number of admissions from Enteric Fever in each month. January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
Barrackpore	15	...	...	...	1	...	...	..	...	...	...	...	...	1	66·7	...	...
Group IV.—Bengal and Orissa	108	...	...	..	1	...	...	...	...	...	...	...	...	1	9·3	...	...
B																	
Allahabad	29	...	...	1	...	...	...	...	...	...	...	...	...	1	34·5	...	...
Sitapur	19	...	1	...	...	...	...	...	...	...	...	...	...	1	52·6	...	...
Lucknow	77	...	...	...	...	...	...	...	...	1	...	1	...	2	26·0	1	12·99
Group V.—Gangetic Plain and Chutia Nagpur	225	...	1	1	...	...	...	...	...	1	...	1	...	4	17·8	1	4·44
A																	
Meerut	82	...	...	...	...	...	...	...	...	...	...	...	1	1	12·2	...	...
B																	
Ferozepore	51	...	...	...	...	1	...	...	...	...	...	..	...	1	19·6	...	...
Sialkot	44	...	...	...	1	...	...	...	...	...	..	...	...	1	22·7	1	22·73
Group VI.—Upper Sub-Himalaya	496	...	...	...	1	1	...	...	...	...	...	...	1	3	6·0	1	2·02
A																	
Peshawar	37	...	...	...	...	...	...	...	...	...	...	1	...	1	27·0	1	27·03
Group VII.—N.-W. Frontier, Indus Valley, and North-Western Rajputana	163	...	...	...	...	...	...	...	...	...	...	1	...	1	6·1	1	6·13
B																	
Muttra	15	...	...	...	1	...	...	...	...	...	...	...	...	1	66·7	...	...
Mhow	72	...	1	...	...	...	...	...	...	...	...	...	...	1	13·9	...	...
Group VIII.—South-Eastern Rajputana, Central India, and Gujarat	243	...	1	...	1	...	...	...	...	...	...	...	...	2	8·2	...	...
A																	
Jubbulpore	42	...	...	...	...	1	...	...	...	...	...	...	...	1	23·8	1	23·81
Kamptee	26	...	...	...	...	...	...	...	...	1	...	...	...	1	38·5	1	38·46
B																	
Secunderabad	153	...	...	...	...	...	...	...	1	1	...	...	...	2	13·1	1	6·54
Poona	89	...	...	...	...	...	1	...	...	...	...	...	...	1	11·2	...	...
Group IX.—Deccan	460	...	...	..	...	1	1	...	1	2	...	...	...	5	10·9	3	6·52
Ranikhet	50	...	...	..	...	...	...	...	...	2	...	...	...	2	40·0	...	...
Lebong	22	...	...	...	...	...	...	...	1	...	...	...	...	1	45·5	...	...
Dagshai	40	...	...	...	...	...	...	1	...	...	...	...	...	1	25·0	...	...
Group XIIa.—Hill Stations	394	...	...	...	...	...	...	1	1	2	...	...	...	4	10·2	...	...
Darjeeling	25	...	...	...	...	...	...	...	1	...	...	...	...	1	40·0	...	...
Kasauli	40	...	...	...	2	...	...	...	...	...	...	...	...	2	50·0	...	...
Murree	49	...	...	...	...	1	...	...	...	...	...	...	...	1	20·4	...	...
Pachmarhi	8	...	...	...	...	...	...	1	...	...	...	...	...	1	125·0	1	125·00
Group XIIb.—Hill Convalescent Depôts, and Sanitaria	241	...	...	...	2	1	...	1	1	...	...	...	...	5	20·7	1	4·15
INDIA	2,891	...	2	1	5	3	1	2	3	5	...	2	1	25	8·6	7	2·42
Bengal	846	...	1	1	2	1	...	1	2	3	...	1	1	13	15·4	3	3·55
Punjab	684	...	...	...	3	2	...	1	...	...	...	1	...	7	10·2	2	2·92
Madras	480	...	...	...	...	...	...	...	1	1	...	...	...	2	4·2	1	2·08
Burma	154	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bombay	727	...	1	...	...	...	1	...	...	1	...	...	...	3	14·1	1	1.38

* Stations where Enteric Fever did not occur are not shown in this table.

C. CHILDREN.

TABLE XXII.

RATIOS AND ACTUALS OF COMMANDS.

	Bengal Command.		Punjab Command.		Madras Command.		Burma District.		Bombay Command.		India.*		
Strength	1,284		1,139		809		260		1,185		4,677		
	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Remaining from 1902.
Constantly sick	16·6	21·30	14·9	16·99	30·0	24·24	17·9	4·66	25·9	30·67	20·9	97·86	
ADMISSIONS—													
Influenza	2·3	3	...	...	4·9	4	...	...	...	...	1·5	7	...
Cholera	·8	1	1·8	2	...	...	...	...	...	...	·6	3	...
Small-pox	1·6	2	...	...	...	...	...	...	·8	1	·6	3	...
Measles	33·5	43	5·3	6	12·4	10	61·5	16	59·1	70	31·0	145	5
Whooping Cough	2·3	3	3·5	4	9·9	8	19·2	5	7·6	9	6·2	29	2
Enteric Fever	5·5	7	3·5	4	3·7	3	...	...	9·3	11	5·3	25	1
Intermittent Fever	73·2	94	81·6	93	143·4	116	57·7	15	120·7	143	98·6	461	15
Remittent Fever	...	...	2·6	3	...	...	...	...	3·4	4	1·5	7	2
Simple Continued Fever	9·3	12	7·0	8	27·2	22	15·4	4	4·2	5	10·9	51	...
Tubercular Diseases	1·6	2	3·5	4	1·2	1	7·7	2	2·5	3	2·6	12	...
Respiratory Diseases	34·3	44	42·1	48	121·1	98	42·3	11	59·9	71	58·2	272	3
Dysentery	10·1	13	7·0	8	21·0	17	19·2	5	6·8	8	10 9	51	...
Diarrhœa	35·0	45	35·1	40	45·7	37	30·8	8	64·1	76	44·0	206	2
Eye Diseases	4·7	6	14·0	16	27·2	22	3·8	1	10·1	12	12·2	57	1
ALL CAUSES	361·4	464	362·6	413	798·5	646	457·7	119	566·2	671	494·5	2,313	50
DEATHS—													*Deaths out of hospital,*
Cholera	·78	1	·88	1	...	...	...	...	...	...	·43	2	...
Small-pox	·78	1	...	...	...	...	...	...	...	...	·21	1	...
Diphtheria and Croup	·78	1	...	...	1·24	1	3·85	1	·84	1	·86	4	...
Enteric Fever	...	...	·88	1	1·24	1	...	...	...	...	·43	2	...
Intermittent Fever	·78	1	5·27	6	1·24	1	7·69	2	1·69	2	2·57	12	...
Remittent Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Tubercular Diseases	·78	1	·88	1	1·24	1	7·69	2	2·53	3	1·71	8	...
Convulsions	2·34	3	1·76	2	4·94	4	...	...	...	...	1·92	9	...
Respiratory Diseases	5·45	7	2·63	3	...	...	3·85	1	5·06	6	3·63	17	1
Teething	1·56	2	·88	1	4·94	4	...	...	2·53	3	2·14	10	...
Dysentery	3·89	5	1·76	2	3·71	3	3·85	1	1·69	2	2·78	13	...
Diarrhœa	6·23	8	8·78	10	...	...	3·85	1	10·13	12	6·63	31	1
Anæmia, Debility, and Immaturity	3·89	5	4·39	5	3·71	3	3·85	1	2·53	3	3·63	17	...
ALL CAUSES	34·27	44	36·00	41	39·56	32	34·62	9	39·66	47	36·99	173	4
PERCENTAGE IN 100 ADMISSIONS—													
Influenza	·65		...		·62		...		...		·30		
Cholera	·22		·48		...		...		...		·13		
Small-pox	·43		...		...		...		·15		·13		
Measles	9·27		1·45		1·55		13·45		10·43		6·27		
Whooping Cough	·65		·97		1·24		4·20		1·34		1·25		
Enteric Fever	1·51		·97		·46		...		1·64		1·08		
Intermittent Fever	20·26		22·52		17·96		12·61		21·31		19·93		
Remittent Fever	...		·73		...		...		·60		·30		
Simple Continued Fever	2·59		1·94		3·41		3·36		·75		2·20		
Tubercular Diseases	·43		·97		·15		1·68		·45		·52		
Respiratory Diseases	9·48		11·62		15·17		9·24		10·58		11·76		
Dysentery	2·80		1·94		2·63		4·20		1·19		2·20		
Diarrhœa	9·70		9·69		5·73		6·72		11·33		8·91		
Eye Diseases	1·29		3·87		3·41		·84		1·79		2·46		
PERCENTAGE IN 100 DEATHS—													
Cholera	2·3		2·4		...		...		...		1·2		
Small-pox	2·3		...		...		...		...		·6		
Diphtheria and Croup	2·3		...		3·1		11·1		2·1		2·3		
Enteric Fever	...		2·4		3·1		...		...		1·2		
Intermittent Fever	2·3		14·6		3·1		22·2		4·3		6·9		
Remittent Fever	...		...		...		...		...		...		
Simple Continued Fever	...		...		...		...		...		...		
Tubercular Diseases	2·3		2·4		3·1		22·2		6·4		4·6		
Convulsions	6·8		4·9		12·5		...		...		5·2		
Respiratory Diseases	15·9		7·3		...		11·1		12·8		9·8		
Teething	4·5		2·4		12·5		...		6·4		5·8		
Dysentery	11·4		4·9		9·4		11·1		4·3		7·5		
Diarrhœa	18·2		24·4		...		11·1		25·5		17·9		
Anæmia, Debility, and Immaturity	11·4		12·2		9·4		11·1		6·4		9·8		

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* For complete detail of diseases, see Table LIII.

TABLE XXIII.

CHOLERA by months, stations, groups, and commands.

Stations,* Groups, and Commands.	Average annual strength.	Number of admissions from Cholera in each month.												Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
lkot	84	...	...	...	...	...	...	...	...	2	...	...	...	2	23·8	1	11·90
roup VI.—Upper Sub-Himalaya	784	...	...	...	...	...	...	...	...	2	...	...	...	2	2·6	1	1·28
nikhet	87	...	...	...	...	...	...	..	1	...	...	...	...	1	11·5	1	11·4
roup XIIa.—Hill stations .	641	...	...	...	...	...	...	...	1	...	...	...	...	1	1·6	1	1·56
INDIA .	4,677	...	...	...	...	...	...	...	1	2	...	...	...	3	·6	2	·43
engal	1,284	...	...	...	...	...	...	...	1	...	...	...	...	1	·8	1	·78
unjab	1,139	...	...	...	...	...	...	...	...	2	...	...	...	2	1·8	1	·88
adras	809	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
urma	260	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...
ombay	1,185	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...

*Stations where Cholera did not occur are not shown in this table.

TABLE XXIV.

ENTERIC FEVER by months, stations, groups, and commands.

Stations,* Groups and Commands.	Average annual strength.	Number of admissions from Enteric Fever in each month.												Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate pe 1,000 o strengt
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
B																	
Dinapore	27	...	...	...	...	...	...	...	...	...	1	...	...	1	37·0	...	...
Lucknow	98	...	...	...	...	...	...	...	...	1	...	...	...	1	10·2	...	...
Group V.—Gangetic Plain and Chutia Nagpur.	301	...	...	...	...	...	...	...	...	1	1	...	...	2	6·6	...	...
A																	
Roorkee	64	...	...	1	...	...	...	...	...	...	...	...	...	1	15·6	...	...
Meerut	116	...	...	...	1	...	...	...	...	...	...	...	...	1	8·6	...	...
B																	
Jullundur	28	...	...	...	...	...	1	...	...	...	...	...	...	1	35·7	...	...
Ferozepore	81	...	...	...	...	...	1	...	...	...	...	...	...	1	12·3	1	12·35
Group VI.—Upper Sub-Himalaya.	784	...	...	1	1	...	2	...	...	...	...	...	...	4	5·1	1	1·28
A																	
Peshawar	64	...	...	...	...	...	...	...	...	...	...	2	...	2	31·3	...	...
Group VII.—N.-W. Frontier, Indus Valley, and North-Western Rajputana.	269	...	...	...	...	...	...	...	...	...	...	2	...	2	7·4	...	...
B																	
Nasirabad	42	...	...	...	...	...	1	...	...	...	...	...	...	1	23·8	...	...
Mhow	109	...	...	3	...	...	...	...	...	...	...	...	...	3	27·5	...	...
Group VIII.—South-Eastern Rajputana, Central India, and Gujarat.	389	...	...	3	...	...	1	...	...	...	...	...	...		10·	...	...
A																	
Kamptee	43	...	...	...	...	2	...	...	...	...	...	...	...	2	46·5	...	...
B																	
Secunderabad	241	...	...	1	...	...	...	...	...	...	...	...	...	1	4·1	...	...
Satara	5	...	...	...	...	...	...	...	1	...	...	...	...	1	200·0	...	...
Poona	147	...	...		...	...	...	...	...	1	1	...	...	2	13·6		
Group IX.—Deccan	715	...	...	1	...	2	...	...	1	1	1	...	...	6	8·4	...	...
A																	
Bangalore	174	...	1	...	...	...	...	...	...	...	...	1	...	2	11·5	1	5·75
Group XI.—Southern India	393		1	...	...	...	...	...	...	...	...	1	...	2	5·1	1	2·54
Ranikhet	87	...	...	...	...		...	...	...	...	...	...	...	2	23·0	...	...
Chaubuttia	37	...	...	...	...	...	1	...	...	...	...	...	...	1	27·0	...	...
Quetta	158	...	...	...	...	...	...	1	...	...	1	...	...	2	12·7	...	...
Group XII*a*.—Hill Stations	641	...	...	...	...	2	1	1	...	...	1	...	...	5	7·8	...	...
INDIA	4,677	...	1	5	1	4	4	1	1	2	3	3	...	25	5·3	2	·43
Bengal	1,284	...	...	1	1	2	1	...	...	1	1	...	...	7	5·5	...	...
	1,139	...	...	...	...	...	2	...	...	...	...	2	...	4	3·5	1	·8
Madras	809	...	1	1	...	...	...	...	...	...	...	1	...	3	3·7	1	1·2
Burma	260	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bombay	1,185	...	...	3	...	2	1	1	1	1	2	...	...	11	9·3	...	...

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* Stations where Enteric Fever did not occur are not shown in this table.

TABLE XXV.

DEATHS OF CHILDREN BY AGES AND CAUSES.

AGE AT DEATH.	Cholera.	Small-pox.	Diphtheria and Croup.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercular Diseases.	Convulsions.	Respiratory Diseases.	Teething.	Dysentery.	Diarrhœa.	Anæmia, Debility, and Immaturity at birth.	ALL CAUSES.	Average annual strength.	Deaths per 1,000 of strength.	Liability. (Previous column expressed in percentages.)
der 6 months	...	...	...	...	7	...	...	3	5	9	2	3	16	17*	80	371	215·63	53·2
tween 6 and 12 months	...	...	...	...	1	...	...	3	1	1	5	2	11	...	33	359	91·92	22·71
„ 12 and 18 „	...	...	...	...	1	...	...	1	2	3	2†	4	3	...	20	421	47·51	11·74
„ 18 and 24 „	...	...	1	...	1	...	...	1	1	...	...	1	...	...	6	417	14·39	3·56
„ 2 years and 5 years	1	...	2	1	2	...	...	...	...	3	...	3	...	...	14	1,117	12·53	3·10
„ 5 „ and 10 „	...	...	1	1	...	...	...	...	...	...	1	...	...	...	11	1,282	8·58	2·12
„ 10 „ and 15 „	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	540	5·56	1·37
„ 15 „ and upwards	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	117	8·55	2·11
TOTAL	2	1	4‡	2	12	...	...	8	9	16	10	13	30	17	168§	4,624	36·33	100

* Eleven immaturity.
† One with diarrhœa.
‡ Diphtheria.
§ Excluding 5 deaths at Deolali as the strengths classified by ages are not available.

II.—NATIVE TROOPS, 1903.

TABLE H.

STATIONS by COMMANDS.

STATIONS.	Height above the sea-level in feet.*	Authority for height.†
BENGAL COMMAND :—		
Manipur	2,619	S. G.
Sadiya	440	M. H. I.
Dibrugarh	342	S. G.
Silchar	104	M. D.
Fort William	17	S. G.
Alipore	...	...
Ballygunge	...	...
Barrackpore	24	S. G.
Buxa	2,457	„
Cuttack	74	„
Doranda	2,166	„
Dinapore	...	...
Benares	256	S. G.
Allahabad	298	„
Fyzabad	336	„
Lucknow	400	„
Cawnpore	417	„
Fatehgarh	444	I. B.
Bareilly	560	S. G.
Roorkee	884	„
Dehra Dun	2,229	„
Meerut	739	„
Delhi	715	„
Muttra	576	„
Agra	554	„
Gwalior	...	...
Jhansi	860	S. G.
Nowgong	770	I. B.
Goona	1,617	S. G.
Agar	1,671	„
Sehore	1,617	„
Saugor	1,753	„
Sutna	1,040	M. D.
Jubbulpore	1,306	S. G.
Kalanaga	3,400	I. B.
Kohima	4,500	„
Shillong	4,987	S. G.
Gantak	5,000	I. B.
Almora	5,494	S. G.
Naini Tal	6,400	„
Lansdowne	...	...
PUNJAB COMMAND :—		
Umballa	902	S. G.
Ludhiana	806	„
Jullundur	900	„
Ferozepore	645	„
Meean Meer	706	„
Amritsar	756	„
Sialkot	829	„
Jhelum	827	„
Rawalpindi	1,707	„
Attock	891	„
Mardan	...	...
Nowshera	1,100	M. O.
Peshawar	1,165	S. G.
Fort Jamrud	1,610	„
Kohat	1,768	„
Thal	2,820	I. B.
Latammar	1,398	„
Edwardesabad	1,279	„
Jani Khel	1,300	„
Dera Ismail Khan	571	S. G.
Tank	1,000	I. B.
Jatta	1,000	„
Drazand	1,600	„
Nili Kach	1,500	„
Fort Zam	1,350	„
PUNJAB COMMAND—*contd.*		
Mangrota	500	I. B.
Dera Ghazi Khan	395	S. G.
Mooltan	402	„
Idak	2,140	I. B.
Kajuri	2,080	„
Saidgi	1,775	„
Jandola	2,400	„
Kajuri Kach	2,500	„
Simla	7,230	S. G.
Jutogh	6,371	„
Dharmsala	6,111	„
Bakloh	4,585	„
Murree	7,098	„
Baragully	...	...
Kalabagh	7,936	I. B.
Chitral	4,980	S. G.
Kila Drosh	4,250	I. B.
Malakand	...	...
Dargai	...	...
Chakdara	3,905	S. G.
Abbottabad	4,152	„
Cherat	4,520	„
Fort Lockhart	6,567	I. B.
Hangu	3,650	„
Miran Shah	3,050	...
Boya	3,600	„
Sarwekai	4,076	„
Nagandioba	3,650	„
Wana	4,500	„
MADRAS COMMAND :—		
Ellichpur	1,218	S. G.
Hingoli	...	...
Jalna	...	...
Aurangabad	1,865	M. D.
Mominabad	...	...
Bolarum	...	...
Secunderabad	1,732	S. G.
Raichur	1,310	„
Belgam	2,473	„
Cannanore	47	„
Trivandrum	198	M. D.
Bellary	1,483	S. G.
Bangalore	3,021	„
Trichinopoly	274	„
Pallávaram	74	„
St. Thomas' Mount	250	„
Madras	15	„
Vizianagram	191	„
Ootacamund	7,216	„
Mercara	3,835	„
BURMA DISTRICT :—		
Port Blair	85	S. G.
Rangoon	14	„
Thayetmyo	145	„
Keng Tung	2,773	„
Fort Stedman	2,900	„
Meiktila	298	„
Fort Dufferin	249	„
Bhamo	351	„
Myitkyina	500	I. B.
Maymyo	3,600	S. G.
BOMBAY COMMAND :—		
Bikaner	828	S. G.
Sibi	495	„
Jacobabad	181	„
Hyderabad	134	I. B.
Kurrachee	28	S. G.
Bhuj	...	...
Rajkot	417	S. G.
Deesa	468	
Ahmedabad	170	
Baroda	...	...
Alirajpore	977	S. G.
Sirdarpore	1,659	„
Jhabwa	1,171	„
Kherwara	1,050	„
Kotra	1,033	„
Udaipur	1,950	„
Todgarh	2,300	„
Erinpura	869	„
Neemuch	1,613	„
Deoli	1,122	„
Beawar	1,465	„
Nasirabad	1,461	„
Ajmer	1,627	„
Sambhar	1,254	M. D.
Jaipur	1,582	S. G.
Indore	1,806	„
Mhow	1,903	I. B.
Asirgarh	2,283	S. G.
Kamptee	941	„
Sitabaldi	1,236	„
Ahmednagar	2,125	„
Satara	2,183	„
Poona	1,909	„
Kirkee	1,837	„
Sirur	...	...
Bombay	20	S. G.
Mir Ali Khel	3,650	I. B.
Fort Sandeman	4,700	„
Hindubagh	5,675	S. G.
Musa Khel	4,450	I. B.
Khan Mohamed Kot	3,431	S. G.
Murgha	5,100	I. B.
Loralai	4,450	S. G.
Gumbaz	3,000	I. B.
Quetta	5,511	S. G.
Peshin	5,157	„
Shelabagh	7,700	I. B.
Spinwana	7,800	„
Chaman	5,488	S. G.
Mount Abu	3,960	„
Chabbar	...	...
Jask	...	...
Muscat	...	...
Bushire	40	I. B.
Bagdad	300	„
Aden	26	S. G.
Khormaksar	50	I. B.
Sheikh Othman	50	„
Perim	249	„

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* These are usually the heights above sea-level of the survey-marks or of the mercury-surface in barometer-cisterns in the stations.

† S. G. = Surveyor-General of India ; M. H. I. = Dr. Macnamara's "Himalayan India"; M. D. = Meteorological Department; I. B. = Intelligence Branch of the Quarter-Master-General's Department ; M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.

TABLE XXVI.

RATIOS of COMMANDS.

The ratios of admissions and deaths to strength are taken from Table XXVIII. The actuals will be found in Table XXIX.

	Ratio per 1,000 of the average strength.					
	Bengal Command.	Punjab Command.	Madras Command.	Burma District.	Bombay Command.	Army of India.* †
I.—Average Annual Strength	29,338	40,582	18,679	6,502	25,471	124,660
II.—Constantly-sick-rate of each month—						
January	18·8	24·0	22·4	20·7	31·5	24·2
February	20·8	21·7	21·5	18·0	30·0	23·3
March	19·4	18·5	19·3	21·2	27·2	21·2
April	20·9	18·2	19·4	25·4	24·3	21·2
May	24·1	19·3	19·7	25·5	22·5	22·0
June	23·6	21·9	19·6	26·7	23·0	23·0
July	24·0	22·7	21·6	36·5	24·8	24·5
August	25·5	28·1	22·7	35·3	27·1	27·0
September	24·7	29·5	22·4	24·6	30·9	27·8
October	25·4	34·0	22·1	22·1	33·0	29·5
November	23·7	42·0	22·1	26·2	36·1	32·3
December	19·3	31·6	21·3	23·6	32·1	26·8
Of the Year	22·4	26·1	21·2	25·4	28·8	25·3
III.—Admission-rate of the year—						
Influenza	7·4	3·6	2·8	·5	1·3	3·6
Cholera	·6	1·3	1·2	·6	1·4	1·1
Small-pox	·7	·7	·5	·2	·6	·6
Enteric Fever	1·4	·6	·2	·2	·2	·6
Intermittent Fever	197·7	278·3	111·2	331·9	315·3	247·4
Remittent Fever	7·6	12·5	2·4	5·8	7·5	8·6
Simple Continued Fever	2·6	1·3	12·6	4·8	1·1	3·5
Tubercle of the lungs	4·3	11·7	1·2	3·7	2·9	5·9
Pneumonia	9·0	20·2	10·0	3·7	17·7	14·4
Other Respiratory Diseases	16·7	23·7	19·4	25·8	26·4	22·2
Dysentery	36·7	39·4	25·1	35·7	30·9	36·6
Diarrhœa	9·4	6·0	1·6	4·5	9·9	7·2
Hepatic { Abscess	·1	·1	·1	·2	·2	·1
Hepatic { Congestion and Inflammation	·6	·9	1·8	1·1	·9	1·0
Scurvy	1·0	1·8	1·0	·5	6·8	2·4
Venereal Diseases	22·4	17·1	32·9	25·4	33·4	24·5
All Causes	614·6	692·4	484·4	730·2	756·8	662·0
IV.—Death-rate of the year—						
Cholera	·37	·99	·48	·77	·59	·64
Small-pox	...	...	·05	...	...	·02
Enteric Fever	·55	·17	·11	·15	...	·22
Intermittent Fever	·78	·52	·32	1·38	·67	·66
Remittent Fever	·85	1·13	·37	·62	·90	·88
Simple Continued Fever	...	...	..	...	·04	·01
Circulatory Diseases	·07	·20	·48	·46	·35	·27
Tubercle of the lungs	·82	·96	·21	·46	·47	·68
Pneumonia	1·57	4·41	1·93	·15	4·20	3·06
Other Respiratory Diseases	·24	·15	·05	·15	·39	·21
Dysentery	·31	·15	·27	·31	·39	·30
Diarrhœa	·03	·10	...	·15	·27	·10
Hepatic Abscess	·03	...	...	...	·04	·02
Anæmia and Debility	·03	·05	·11	·15	·20	·10
All Causes	8·21	10·60	7·33	7·54	13·47	10·04
V.—Percentage in 100 Admissions—						
Influenza	1·20	·52	·57	·06	·18	·55
Cholera	·09	·19	·25	·08	·19	·16
Small-pox	·11	·11	·10	·02	·08	·09
Enteric Fever	·23	·09	·03	·02	·03	·10
Intermittent Fever	32·17	40·19	22·97	45·45	41·67	37·38
Remittent Fever	1·24	1·80	·50	·80	·99	1·31
Simple Continued Fever	·42	·18	2·61	·65	·15	·53
Tubercle of the lungs	·70	1·68	·25	·51	·38	·88
Pneumonia	1·47	2·92	2·06	·51	2·34	2·18
Other Respiratory Diseases	2·71	3·42	4·01	3·54	3·49	3·35
Dysentery	5·98	5·69	5·17	4·89	4·08	5·53
Diarrhœa	1·53	·86	·33	·61	1·30	1·08
Hepatic { Abscess	·02	·01	·02	·02	·03	·02
Hepatic { Congestion and Inflammation	·09	·13	·38	·15	·12	·14
Scurvy	·16	·26	·21	·06	·90	·36
Venereal Diseases	3·65	2·46	6·80	3·48	4·42	3·71
VI.—Percentage in 100 Deaths—						
Cholera	4·6	9·3	6·6	10·2	4·4	6·4
Small-pox	...	...	·7	...	...	·2
Enteric Fever	6·6	1·6	1·5	2·0	...	2·2
Intermittent Fever	9·5	4·9	4·4	18·4	5·0	6·5
Remittent Fever	10·4	10·7	5·1.	8·2	6·7	8·8
Simple Continued Fever	...	...	...	...	·3	·1
Circulatory Diseases	·8	1·9	6·6	6·1	2·6	2·7
Tubercle of the lungs	10·0	9·1	2·9	6·1	3·5	6·8
Pneumonia	19·1	41·6	26·3	2·0	31·2	30·5
Other Respiratory Diseases	2·9	1·4	·7	2·0	2·9	2·1
Dysentery	3·7	1·4	3·6	4·1	2·9	3·0
Diarrhœa	·4	·9	...	2·0	2·0	1·0
Hepatic Abscess	·4	...	...	...	·3	·2
Anæmia and Debility	·4	·5	1·5	2·0	1·5	1·0

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* For complete detail of diseases see Table LIII.

† Excluding troops in China and Somaliland, and including troops in Extra India not in the Indian Command, and also including Delhi Coronation Durbar Force, Sikkim Thibet Mission, and Aden Column Field Force, which are not included in the commands.

NATIVE TROOPS, 1903.

TABLE XXVII.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table XXVIII. The actuals will be found in Table XXIX.

	Ratio per 1,000 of the Average Strength.												
	I Burma Coast and Bay Islands.	II Burma Inland.	III Assam.	IV Bengal and Orissa.	V Gangetic Plain and Chutia Nagpur.	VI Upper Sub-Himalaya.	VII N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	VIII S.-E. Rajputana, Central India, and Gujarat.	IX Deccan.	X Western Coast.	XI Southern India.	XII Hill Stations.	Army of India.*†
I.—Average Annual Strength	1,254	4,133	1,340	2,474	6,857	15,987	17,283	12,202	16,596	2,047	7,170	21,676	124,660
II.—Constantly-sick-rate of each month—													
January	26·0	19·1	22·8	32·0	14·6	20·4	31·1	30·5	22·2	30·1	31·0	32·1	24·2
February	22·8	17·5	24·2	27·8	19·4	17·8	29·1	29·2	21·5	28·7	29·1	30·5	23·3
March	19·3	23·0	23·7	24·2	18·3	12·5	23·5	28·0	19·7	24·0	26·2	27·2	21·2
April	22·0	24·8	28·0	24·8	18·6	14·5	20·4	26·4	18·4	20·2	26·8	25·8	21·2
May	20·6	24·5	37·8	22·9	23·7	18·8	19·8	24·4	19·0	27·6	24·7	26·4	22·0
June	24·7	30·1	43·0	17·6	22·8	19·8	21·5	21·7	20·0	33·8	22·7	28·5	23·0
July	30·6	42·3	42·5	24·0	21·5	18·2	20·1	22·9	20·5	35·7	27·6	32·4	24·5
August	26·7	38·2	38·9	30·0	23·0	20·5	21·4	24·9	22·0	37·1	30·8	40·5	27·0
September	21·5	25·4	31·9	29·0	21·6	23·8	23·1	30·7	23·0	37·3	30·9	40·6	27·8
October	20·0	23·2	38·1	25·6	24·6	31·1	33·5	34·4	24·3	40·3	27·6	39·2	29·5
November	24·7	27·6	39·6	29·5	23·1	28·6	50·0	39·6	23·2	45·6	27·1	42·7	32·3
December	23·9	22·5	30·6	21·7	19·4	22·0	41·6	32·4	22·7	36·8	28·0	41·0	26·8
Of the Year	23·7	26·5	33·0	25·7	21·0	20·5	28·4	29·0	21·4	32·7	27·6	33·8	25·3
III.—Admission-rate of the Year—													
Influenza	1·6	...	1·5	...	1·3	2·1	·2	1·5	4·4	...	...	14·1	3·6
Cholera	...	1·0	...	...	1·9	2·4	·5	...	...	...	·3	·7	1·1
Small-pox	·8	...	...	·8	1·8	·9	·8	·7	·2	5·4	·1	·4	·6
Enteric Fever	...	·2	5·2	...	·3	1·1	·4	·5	·1	...	·1	1·5	·6
Intermittent Fever	354·9	383·3	301·5	337·9	112·4	219·6	328·9	378·1	174·3	209·6	113·9	272·1	247·4
Remittent Fever	4·0	7·7	18·7	6·9	3·6	12·3	12·3	7·2	3·9	2·0	2·0	10·1	8·6
Simple Continued Fever	5·6	5·3	·7	·4	...	2·6	1·0	5·5	1·8	...	30·5	·4	3·5
Tubercle of the lungs	1·6	3·6	3·0	1·2	3·1	7·9	5·1	4·7	1·4	1·0	1·7	16·1	5·9
Pneumonia	2·4	2·9	8·2	6·5	6·3	15·1	22·6	19·8	6·6	8·3	12·8	20·7	14·4
Other Respiratory Diseases	25·5	26·9	26·9	23·0	11·8	20·1	30·1	22·1	15·0	31·3	25·1	28·2	22·2
Dysentery	63·8	32·4	85·1	59·4	36·8	25·3	42·7	23·5	26·9	41·0	29·4	41·8	36·6
Diarrhœa	·8	6·3	10·4	19·4	6·6	6·3	5·0	5·7	2·2	10·3	2·2	11·5	7·2
Hepatic Abscess	...	·2	...	...	·1	·1	·1	·2	·1	·5	·1	·1	·1
Hepatic Congestion and Inflammation	2·4	·7	...	1·2	·4	·4	·6	1·0	1·2	2·0	2·4	1·2	1·0
Scurvy	·8	·5	5·3	·4	1·3	1·4	2·5	2·2	1·3	2·4	2·0	5·5	2·4
Venereal Diseases	47·0	22·0	31·3	36·0	16·8	17·1	17·8	33·3	34·1	46·4	40·0	25·1	24·5
All Causes	806·2	770·6	826·9	759·1	490·4	575·3	788·2	829·2	575·8	701·0	591·2	759·6	662·0
IV.—Death-rate of the Year—													
Cholera	...	1·21	...	...	1·17	1·94	·23	...	...	...	·14	·37	·64
Small-pox	...	...	...	...	...	...	...	...	...	·49	...	..	·02
Enteric Fever	...	·24	1·49	...	·15	·31	·06	·16	·12	...	...	·55	·22
Intermittent Fever	1·59	1·69	1·49	·81	·58	·88	·52	·57	·36	·98	·14	·74	·66
Remittent Fever	...	·97	·75	·81	·73	1·81	1·16	·90	·54	·49	·70	·74	·88
Simple Continued Fever	...	...	...	...	...	...	...	·08	...	...	...	...	·01
Circulatory Diseases	·80	·24	...	...	...	·38	·06	·16	·42	1·95	·14	·28	·27
Tubercle of the lungs	...	·48	·75	...	·15	1·31	·69	·41	·12	·49	·28	1·61	·68
Pneumonia	...	·24	1·49	1·62	1·17	3·57	5·27	3·85	1·69	·98	1·95	4·71	3·06
Other Respiratory Diseases	·80	...	...	...	·29	·25	·23	·49	·12	·49	...	·18	·21
Dysentery	...	·48	1·49	...	·44	·19	·12	...	·18	·98	·28	·42	·30
Diarrhœa	...	·24	...	...	·15	·13	·17	·08	...	·49	...	·09	·10
Hepatic Abscess	...	...	...	...	·15	...	...	...		...	...	...	·02
Anæmia and Debility	...	...	...	...	...	...	·12	·08	·12	...	·14	·23	·10
All Causes	7·18	7·98	9·70	4·85	8·02	12·76	10·13	10·74	7·83	12·70	7·53	13·06	10·04
V.—Percentage in 100 Admissions—													
Influenza	·20	...	·18	...	·27	·37	·02	·18	·76	...	...	1·85	·55
Cholera	...	·13	...	...	·39	·41	·06	...	...	...	·05	·10	·16
Small-pox	·10	...	...	·11	·36	·15	·10	·09	·03	·77	·02	·05	·09
Enteric Fever	...	·03	·63	...	·06	·18	·05	·06	·02	...	·02	·20	·10
Intermittent Fever	44·02	49·73	36·46	44·52	22·93	38·16	41·73	45·60	30·26	29·90	19·27	35·82	37·38
Remittent Fever	·49	1·00	2·26	·91	·74	2·13	1·56	·87	·68	·28	·33	1·33	1·31
Simple Continued Fever	·69	·69	·09	·05	...	·45	·12	·66	·31	...	5·17	·05	·53
Tubercle of the lungs	·20	·47	·36	·16	·62	1·37	·65	·56	·25	·14	·28	2·13	·85
Pneumonia	·30	·38	·99	·85	1·28	2·62	2·87	2·38	1·15	1·18	2·17	2·72	2·18
Other Respiratory Diseases	3·17	3·49	3·25	3·04	2·41	3·50	3·82	2·67	2·61	4·46	4·25	3·71	3·35
Dysentery	7·91	4·21	10·29	7·83	7·49	4·39	5·42	2·84	4·68	5·85	4·98	5·50	5·53
Diarrhœa	·10	·82	1·26	2·56	1·34	1·10	·64	·69	·38	1·46	·38	1·52	1·08
Hepatic Abscess	...	·03	...	...	·03	·01	·01	·03	·01	·07	·02	·02	·02
Hepatic Congestion and Inflammation	·30	·09	...	·16	·09	·08	·07	·12	·21	·28	·40	·16	·14
Scurvy	·10	·06	·63	·05	·27	·25	·32	·27	·22	·35	·33	·73	·36
Venereal Diseases	5·84	2·86	3·79	4·74	3·42	2·98	2·26	4·01	5·94	6·62	6·77	3·30	3·71
VI.—Percentage in 100 Deaths—													
Cholera	...	15·2	...		14·5	15·2	2·3	...	...	...	1·9	2·8	6·4
Small-pox	...	...	...	...	...	...	...	...	...	3·8	...	...	·2
Enteric Fever	...	3·0	15·4	...	1·8	2·5	·6	1·5	1·5	...	...	4·2	2·2
Intermittent Fever	22·2	21·2	15·4	16·7	7·3	6·9	5·1	5·3	4·6	7·7	1·9	5·7	6·5
Remittent Fever	...	12·1	7·7	16·7	9·1	14·2	11·4	8·4	6·9	3·8	9·3	5·7	8·8
Simple Continued Fever	...	...	...	...	...	...	...	·8	...	...	...	...	·1
Circulatory Diseases	11·1	3·0	...	...	...	2·9	·6	1·5	5·4	15·4	1·9	2·1	2·7
Tubercle of the lungs	...	6·1	7·7	...	1·8	10·3	6·9	3·8	1·5	3·8	3·7	12·4	6·8
Pneumonia	...	3·0	15·4	33·3	14·5	27·9	52·0	35·9	21·5	7·7	25·9	36·0	30·5
Other Respiratory Diseases	11·1	...	...	...	3·6	2·0	2·3	4·6	1·5	3·8	...	1·4	2·1
Dysentery	...	6·1	15·4	...	5·5	1·5	1·1	...	2·3	7·7	3·7	3·2	3·0
Diarrhœa	...	3·0	...	...	1·8	1·0	1·7	·8	...	3·8	...	·7	1·0
Hepatic Abscess	...	...	...	...	1·8	...	...	...	...	...	...	...	·2
Anæmia and Debility	...	...	...	...	...	...	1·1	·8	1·5	...	1·9	1·8	1·0

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* See foot-note to Table XXVI.

† „ „ „ „

NATIVE TROOPS, 1902.

TABLE XXVIII.

RATIOS of STATIONS, GROUPS, and COMMANDS. For actuals see Table XXIX.

Stations and Groups.	Average annual strength.					1. Admission-rate.												2. Death-rate.							
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All causes.	Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Port Blair	300	... ...	... ...	... ...	... ...	206·0 ...	10·0 ...	3·3 ...	13·3 3·33	3·3 ...	... ...	43·3 3·33	13·3 ...	... ...	... ...	... ...	... ...	20·0 ...	33·3 ...	483·3 10·00	20·0	... ...	6·7 ...	20·0 ...	6·7 ...
Rangoon	954	2·1 ...	... ...	1·0 ...	... ...	384·7 2·10	2·1 ...	6·3 ...	2·1 ...	1·0 ...	3·1 ...	19·9 ...	79·7 ...	1·0 ...	... ...	3·1 ...	1·0 ...	10·5 ...	51·4 1·05	907·8 6·29	24·1	13·6 ...	9·4 ...	18·9 1·05	9·4 ...
GROUP I.—BURMA COAST AND BAY ISLANDS.	1,254	1·6 ...	... ...	·8 ...	... ...	354·9 1·59	4·0 ...	5·6 ...	4·8 ·80	1·6 ...	2·4 ...	25·5 ·80	63·8 ...	·8 ...	... ...	2·4 ...	·8 ...	12·8 ...	47·0 ·80	806·2 7·18	23·7	10·4 ...	8·8 ...	19·1 ·80	8·8 ...
Thayetmyo	500	... ...	... ...	... ...	... ...	396·0 ...	... ...	... ...	... ...	... ...	2·0 ...	16·0 ...	26·0 ...	32·0 ...	... ...	... ...	... ...	26·0 ...	20·0 ...	692·0 2·00	30·0	... ...	4·0 ...	8·0 ...	8·0 ...
Keng Tung	283	... ...	... ...	... ...	... ...	2,911·7 17·67	38·9 7·07	77·7 ...	... ...	7·1 3·53	... ...	7·1 ...	10·6 ...	3·5 ...	... ...	3·5 ...	... ...	... ...	38·9 ...	3,300·4 35·34	84·8	3·5 ...	... ...	24·7 ...	10·6 ...
Fort Stedman	410	... ...	9·8 12·20	... ..	... ...	417·1 ...	12·2 2·44	... ...	... ...	4·9 ...	4 9 ...	17·1 ...	12·2 ...	9·8 ...	... ...	2·4 ...	... ...	36·6 ...	48·8 ...	997·6 14·63	29·3	... ...	12·2 ...	14·6 ...	22·0 ...
Meiktila	130	... ...	... ...	... ...	... ...	146·2 ...	... ...	... ...	7·7 ...	... ...	... ...	38·5 ...	23·1 ...	... ...	7·7 ...	... ...	... ...	30·8 ...	30·8 ...	623·1 ...	...	7·7 ...	... ...	15·4 ...	7·7 ...
Fort Dufferin	1,721	... ...	... ...	... ...	... ...	99·4 ...	9·3 ·58	... ...	·6 ·58	2·9 ...	3·5 ...	21·5 ...	18·0 ·58	... ...	... ...	·6 ...	·6 ...	19·8 ...	23·2 ...	477·0 4·07	19·2	7·6 ...	4·6 ...	5·2 ...	5·3 ...
Bhamo	959	... ...	... ...	... ...	1·0 1·04	188·7 2·09	... ...	... ...	3·1 ...	5·2 1·04	2·1 ...	48·0 ...	80·3 14	5·2 1·04	... ...	... 1·04	1·0 ...	29·2 ...	6·3 ...	574·6 8·34	18·8	1·0 ...	... ...	4·2 ...	1·0 ..
Myitkyina	131	... ...	... ...	... ...	... ...	152·7 ...	... ...	... ...	... ...	7·6 ...	7·6 7·63	45·8 ...	15·3 ...	... ...	... ...	... ...	... ...	... ...	... ...	328·2 7·63	15·3	... ...	... ...	... ...	... ...
GROUP II.—BURMA INLAND	4,133	... ...	1·0 1·21	... ...	·2 ·24	383·3 1·69	7·7 ·97	5·3 ...	1·2 ·24	3·6 ·48	2·9 ·24	26·9 ...	32·4 ·48	6·3 ·24	·2 ...	·7 ·24	·5 ...	22·7 ...	22·0 ...	770·6 7·98	26·5	3·9 ...	3·6 ...	7·7 ...	6·8 ...
Manipur	557	... ...	... ...	... ...	12·6 3·59	285·5 1·80	25·1 1·80	1·8 ...	... ...	3·6 1·80	16·2 3·59	23·3 ...	66·4 ...	9·0 ...	... ...	... ...	... ...	10·8 ...	44·9 ...	847·4 16·16	39·5	7·2 ...	10·8 ...	1·8 ...	25·1 ...
Sadiya	69	... ...	... ...	... ...	... ...	420·3 ...	... ...	... ...	... ...	... ...	14·5 ...	72·5 ...	87·0 ...	... ..	... ...	... ...	... ...	58·0 ...	14·5 ...	1,101·4 ...	29·0	... ...	... ...	14·5 ...	... ...
Dibrugarh	282	7·1 ...	... ...	... ...	... ...	478·7 ...	17·7 ...	... ...	... ...	... ...	... ...	39·0 ...	63·8 ...	7·1 ...	... ...	... ...	14·2 ...	14·2 ...	7·1 ...	929·1 ...	28·4	... ...	... ...	7·1 ...	... ...
Silchar	432	... ...	... ...	... ...	... ...	187·5 2·31	13·9 ...	... ..	... ...	4·6 ...	2·3 ...	16·2 ...	122·7 4·63	16·2 ...	... ...	... ...	6·9 ...	23·1 ...	32·4 ...	689·8 9·26	27·8	4·6 ...	9·3 ...	11·6 ...	6·9 ...
GROUP III.—ASSAM	1,340	1·5 ...	... ...	.. ...	5·2 1·49	301·5 1·49	18·7 ·75	·7 ...	... ...	3·0 ·75	8·2 1·49	26·9 ...	85·1 ...	10·4 1·49	... ...	... ...	5·2 ...	17·9 ...	31·3 ...	826·9 9·70	33·0	4·5 ...	7·5 ...	6·7 ...	12·7 ...
Fort William	661	... ...	... ...	... ...	... ...	331·3 1·51	12·1 1·51	... ...	... ...	3·0 ...	4·5 1·51	15·1 ...	62·0 ...	12·1 ...	... ...	... ...	... ...	10·6 ...	31·8 1·51	682·3 6·05	27·2	4·5 ...	13·6 ...	6·1 1·51	7·6 ...
Alipore	692	... ...	... ...	2·9 ...	... ...	343·9 ...	... ...	... ...	1·4 ...	1·4 ...	11·6 1·45	26·0 ...	86·7 ...	17·3 ...	... ...	... ...	1·4 1·45	20·2 ...	47·7 ...	888·7 4·34	30·3	4·3 ...	21·7 ...	8·7 ...	13·0 ...
Ballygunge	44	... ...	... ...	... ...	... ...	45·5 ...	... ...	.. ...	22·7 ...	... ...	... ..	68·2 ...	22·7 ...	... ...	... ...	... ...	... ...	90·9 ..	... ...	568·2 22·73	22·7	... ...	... ...	... ...	... ...
Barrackpore	468	... ...	... ...	... ...	... ...	510·7 2·14	2·1 ...	2·1 ...	... ...	... ...	10·7 4·27	36·3 ...	64·1 ...	49·1 ...	... ...	6·4 ...	... ...	23·5 ...	25·6 ...	997·9 6·41	25·6	2·1 ...	6·4 ...	10·7 ...	6·4 ...
Buxa	344	... ...	... ...	.. ...	... ...	107·6 ...	23·3 2·91	... ...	... ...	... ...	... ...	11·6 ...	29·1 ...	14·5 ...	... ...	... ...	... ...	17·4 ...	2·9 ...	389·5 2·91	17·4	... ...	... ...	... ...	2·9 ...
Cuttack	267	... ...	... ...	... ...	... ...	378·3 ...	... ...	... ...	... ...	... ...	... ...	18·7 ...	18·7 ...	... ...	... ...	... ...	... ...	3·7 ...	82·4 ..	696·6 ...	26·2	11·2 ...	33·7 ...	15·0 ...	22·5 ...
GROUP IV.—BENGAL AND ORISSA	2,474	... ...	... ...	·8 ...	... ...	337·9 ·81	6·9 ·81	·4 ...	·8 ...	1·2 ...	6·5 1·62	23·0 ...	59·4 ...	19·4 ...	... ...	1·2 ...	·4 ·40	17·4 ...	36·0 ·40	759·1 4·85	25·7	4·0 ...	14·6 ...	7·7 ·40	9·7 ...

TABLE XXVIII—*continued.*

RATIOS of STATIONS, GROUPS, and COMMANDS. For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.																	2. DEATH-RATE.						
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
A.																									
Doranda	374	...	...	...	...	147·1	8·0	...	2·7	...	2·7	8·0	37·4	8·0	...	...	...	...	24·1	486·6	21·4	8·0	...	5·3	10·7
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
B.																									
Dinapore	761	9·2	2·6	...	1·3	223·4	3·9	...	...	11·8	1·3	15·8	103·8	9·2	...	2·6	1·3	42·0	30·2	751·6	28·9	6·6	...	21·0	2·6
		1·31	...	...	...	...	1·31	...	...	...	...	...	1·31	...	...	...	...	...	...	5·26		...	...	...	...
Benares	633	...	1·6	...	...	91·6	4·7	...	...	1·6	4·7	11·1	...	9·5	...	...	...	3·2	3·2	342·8	11·1	...	3·2	...	...
		...	1·58	...	...	...	...	...	...	...	1·58	1·58	...	...	...	...	...	...	...	4·74		...	...	...	...
Allahabad	1,142	...	...	·9	...	166·4	·9	...	·9	3·5	12·3	9·6	70·9	19·3	·9	...	2·6	7·0	20·1	732·0	27·1	2·6	3·5	12·3	1·8
		...	...	...	...	·88	...	...	...	·88	...	...	·88	·88	·88	...	...	...	...	7·88		...	...	...	...
Fyzabad	1,124	...	·9	·9	·9	97·0	6·2	...	·9	1·8	10·7	19·6	14·2	·9	...	...	2·7	14·2	20·5	521·4	24·0	·9	·9	6·2	12·5
		...	...	...	·89	·89	...	...	...	...	2·67	...	·89	...	...	...	...	...	...	6·23		...	...	...	...
Lucknow	1,643	...	...	4·3	...	65·1	1·8	...	...	1·8	2·4	7·9	24·3	3·0	...	...	1·2	12·2	15·8	314·1	16·4	3·7	1·8	3·7	6·7
		...	...	...	...	·61	1·22	...	...	...	·61	·61	...	...	...	...	...	...	...	9·74		...	...	...	...
Cawnpore	1,096	1·8	8·2	2·7	...	46·5	4·6	...	1·8	1·8	7·3	10·9	15·5	·9	...	·9	...	13·7	6·4	338·5	17·3	1·8	1·8	2·7	...
		...	6·39	...	...	·91	1·82	...	...	...	2·74	...	...	...	...	...	...	...	...	14·60		...	...	...	...
Fatehgarh	82	...	...	...	...	378·0	...	...	...	...	...	12·2	61·0	...	...	...	...	...	24·4	1012·2	24·4	...	12·2	...	12·2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	6,857	1·3	1·9	1·8	·3	112·4	3·6	...	·7	3·1	6·3	11·8	36·8	6·6	·1	·4	1·3	13·6	16·8	490·4	21·0	2·9	1·9	7·0	5·0
		·15	1·17	...	·15	·58	·73	...	...	·15	1·17	·29	·44	·15	·15	...	...	...	...	8·02		...	...	...	...
A.																									
Bareilly	1,197	...	...	·8	·8	76·9	2·5	...	...	9·2	1·7	9·2	20·1	5·0	...	...	...	2·5	1·7	304·9	12·5	1·7	1·7	1·7	6·7
		...	...	...	...	...	·84	...	...	·84	...	...	...	...	...	...	...	...	...	2·51		...	...	...	...
Roorkee	896	1·1	...	...	...	227·7	2·2	...	1·1	1·1	14·5	19·0	19·0	7·8	...	...	1·1	13·4	22·3	521·2	16·7	2·2	8·9	3·3	7·8
		...	...	...	...	4·46	...	...	1·12	...	2·23	...	1·12	...	...	...	...	...	...	10·04		...	...	...	...
Dehra Dun	1,445	22·8	...	·7	4·2	328·0	4·8	9·0	...	19·4	9·0	36·7	18·0	17·3	...	·7	...	7·6	34·6	879·6	30·4	6·2	10·4	6·2	11·8
		...	...	...	1·38	...	·69	...	...	5·54	...	...	...	...	...	...	...	...	...	10·38		...	...	...	...
Meerut	1,129	...	...	...	...	128·4	14·2	...	...	8·9	18·6	12·4	27·5	·9	...	...	·9	24·8	9·7	515·5	18·6	·9	1·8	3·5	3·5
		...	...	...	...	·89	·89	...	·89	·89	2·66	1·89	...	...	...	...	...	...	...	8·86		...	...	...	...
Delhi	797	...	...	...	...	352·6	15·1	...	1·3	2·5	15·1	28·9	13·8	5·0	...	...	1·3	2·5	18·8	755·3	23·8	5 0	1·3	3·8	8·8
		...	...	...	...	5·02	7·53	...	...	...	7·53	1·25	...	...	...	...	...	...	...	22·58		...	...	...	...
Umballa	1,363	...	2·2	4·4	·7	110·8	5·1	2·2	·7	2·9	16·1	5·9	16·9	4·4	...	·7	...	8·1	12·5	333·8	14·7	2·9	2·2	1·5	5·9
		...	·73	...	·73	...	1·47	...	...	2·20	2·20	...	...	...	...	...	...	...	...	9·54		...	...	...	...
B.																									
Ludhiana	14	...	...	...	...	142·9	...	...	...	...	...	...	...	...	...	...	...	...	...	571·4	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Jullundur	976	...	...	...	...	204·9	4·1	...	...	3·1	24·6	31·8	52·3	4·1	...	...	1·0	17·4	25·6	678·3	21·5	12·3	2·0	2·0	9·2
		...	...	...	...	2·05	...	...	...	1·02	3·07	...	...	...	...	...	...	...	...	7·17		...	...	...	...
Ferozepore	1,132	...	...	...	...	314·5	40·6	...	...	14·1	30·0	22·1	39·8	5·3	·9	1·8	...	8 8	12·4	678·4	23·9	3·5	·9	5·3	2·7
		...	...	...	...	1·77	4·42	...	...	1·77	7·96	...	·88	...	...	...	...	...	...	22·97		...	...	...	...
Meean Meer	1,851	...	18·4	2·2	1·6	279·3	5·9	13·5	2·7	5·4	24·3	22·7	28·1	10·3	...	·5	2·7	10·3	11·9	659·1	20·5	4·3	1·6	3·2	2·7
		...	15·67	...	...	...	·54	...	1·62	·54	7·56	1·08	·54	·54	...	...	...	...	...	29·17		...	...	...	...
Amritsar	121	...	...	...	...	198·3	8·3	...	...	24·8	24·8	8·3	41·3	...	...	...	...	...	8·3	520·7	16·5	8·3	...	...	...
		...	...	...	...	...	8·26	...	...	...	8·26	...	...	...	...	...	...	...	...	16·53		...	...	...	...
Sialkot	1,901	...	·5	...	·5	161·0	2·1	...	·5	3·7	10·0	15·3	18·4	3·7	...	...	...	7·4	6·[illegible]	475·0	14·7	2·1	1·6	·5	2·1
		...	·53	...	...	·53	1·05	...	...	...	1·58	...	...	...	...	...	...	...	...	5·26		...	...	...	...
Jhelum	1,241	...	...	...	·8	140·2	17·7	...	...	11·3	8·1	23·4	20·1	9·7	...	...	5·6	25·0	21·0	579·4	23·4	5·6	1·6	7·3	6·4
		...	...	...	·81	...	1·61	...	...	1·61	·81	...	...	·81	...	...	...	...	...	6·45		...	...	...	...
Rawalpindi	1,841	...	...	1·1	2·2	305·3	32·0	...	·5	9·2	12·5	20·6	31·0	2·2	...	1·1	3·8	7·6	25·5	632·3	25·5	2·2	4·3	8·1	10·9
		...	...	...	·54	...	3·80	...	·54	1·09	6·52	...	...	...	...	...	·54	...	...	15·75		...	...	...	...
Attock	82	...	...	...	...	268·3	24·4	...	...	...	...	12·2	24·4	...	...	...	...	...	...	524·4	12·2	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA.	15,987	2·1	2·4	·9	1·1	219·6	12·3	2·6	·6	7·9	15·1	20·1	25·3	6·3	·1	·4	1·4	10·8	17·1	575·3	20·5	3·9	3·1	3·9	6·3
		...	1·94	...	·31	·88	1·81	...	·38	1·31	3·57	·25	·19	·13	...	...	·06	...	...	12·76		...	...	...	...
A																									
Mardan	954	...	...	2·1	...	111·1	11·5	...	...	8·4	15·7	18·9	17·8	...	...	...	1·0	11·5	17·8	386·8	19·9	3·1	2·1	4·2	8·4
		...	...	...	...	...	2·10	...	...	...	4·19	1·05	...	...	...	...	...	...	...	9·43		...	...	...	...
Nowshera	1,415	...	...	2·1	...	319·4	11·3	...	...	2·1	17·7	24·0	31·8	9·2	...	·7	4·2	12·7	12·7	802·1	26·1	·7	1·4	5·7	4·9
		...	...	...	...	...	1·41	...	...	...	5·65	...	·71	...	...	...	...	...	...	9·89		...	...	...	...
Peshawar	2,578	...	4	1·6	1·9	144·3	9·3	1·2	·4	6·2	14·7	12·4	22·5	2·7	...	...	·4	18·6	11·6	479·8	17·1	1·6	2·3	5·4	2·3
		...	·39	...	...	·78	...	...	...	·78	1·55	...	·39	·39	...	...	...	...	...	5·04		...	...	...	...

Stations and Groups.	Average annual strength.	1. Admission-rate. 2. Death-rate.																			Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.					
Fort Jamrud	91	...	...	...	...	274·7	33·0	...	...	...	...	33·0	98·9	11·0	...	11·0	...	...	...	681·3	11·0	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Kohat	2,963	...	...	·7	...	297·0	2·4	...	·3	5·7	31·0	27·7	46·2	3·4	...	·3	3·4	41·5	17·9	765·8	28·0	2·4	4·0	3·0	8·4
		...	...	...	...	1·35	·34	...	·34	·67	5·74	·34	...	...	...	·34	...	·34	·34	12·15		·34	...	...	...
Thal	183	...	...	...	...	371·6	21·9	...	...	...	16·4	38·3	103·8	...	...	...	...	27·3	10·9	956·3	27·3	5·5	5·5	...	...
		...	...	...	...	...	...	...	...	...	10·93	...	...	...	...	...	...	...	...	10·93		...	...	...	...
Latammar	14	...	...	...	...	...	...	...	...	71·4	71·4	142·9	71·4	...	...	...	...	...	71·4	500·0	...	...	...	...	71·4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Edwardesabad	1,774	...	1·1	·6	·6	463·4	29·3	...	1·7	6·2	33·8	31·0	45·1	5·1	...	·6	1·7	22·5	16·3	1,149·9	37·2	2·8	2·8	3·4	7·3
		...	·56	...	·56	...	·55	...	...	1·13	6·20	...	...	...	...	...	...	·56	...	10·15		...	...	...	...
Jani Khel	15	...	...	...	...	266·7	...	...	...	...	...	...	66·7	...	...	...	...	...	...	800·0	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Dera Ismail Khan	2,117	...	...	·5	...	487·5	22·2	...	1·9	3·8	31·6	54·3	76·1	8·5	·5	1·4	·9	38·7	20·3	1,170·1	41·1	3·3	3·8	8·0	5·2
		...	...	...	...	·47	2·36	...	...	·47	12·28	...	...	·47	...	...	...	...	...	17·48		...	...	...	...
Tank	87	...	...	...	...	666·7	...	...	...	...	46·0	23·0	23·0	...	...	...	...	...	...	1,0[illegible]6·9	34·5	...	...	...	...
		...	...	...	...	11·49	...	...	...	...	22·99	...	...	...	...	...	...	...	...	45·98		...	...	...	...
Jatta	58	...	34·5	...	...	862·1	...	...	...	...	34·5	103·4	86·2	34·5	...	...	...	34·5	...	1,620·7	34·5	...	...	...	...
		...	17·24	...	...	17·24	...	...	...	...	17·24	...	...	...	...	...	...	...	...	51·72		...	...	...	...
Drazand	56	...	...	...	...	1,178·6	...	...	...	...	...	53·6	89·3	...	...	...	...	17·9	...	1,410·7	35·8	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Nili Kach	81	...	12·3	...	...	851·9	24·7	...	...	...	24·7	...	172·8	24·7	...	...	...	49·4	...	1,395·1	37·0	...	...	...	...
		...	...	...	...	...	...	...	...	...	12·35	...	...	...	...	...	...	...	...	12·35		...	...	...	...
Fort Zam	72	41·7	...	...	...	805·6	27·8	...	13·9	...	41·7	55·6	69·4	...	...	...	...	27·8	...	1,527·8	27·8	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Mangrota	25	...	...	...	...	480·0	200·0	...	...	...	40·0	...	40·0	...	...	...	...	...	...	920·0	40·0	...	...	...	...
		...	...	...	...	...	40·00	...	...	...	...	...	...	...	...	...	...	...	...	40·00		...	...	...	...
Dera Ghazi Khan	349	...	...	...	...	363·9	22·9	...	...	5·7	34·4	14·3	37·2	...	...	...	2·9	5·7	2·9	707·7	25·8	...	...	2·9	...
		...	...	...	...	...	...	...	...	...	8·60	...	...	...	...	...	...	...	...	8·60		...	...	...	...
Mooltan	1,944	...	·5	·5	...	378·6	6·2	...	...	9·8	9·3	15·4	14·9	1·5	...	1·0	1·5	9·8	11·3	618·8	30·3	3·1	3·1	2·6	2·6
		...	...	...	...	...	1·03	...	...	2·06	1·03	...	...	...	...	...	...	...	...	5·14		...	...	...	...
Bikaner	39	...	...	...	...	...	25·6	...	...	...	25·6	25·6	25·6	...	...	...	...	...	25·6	128·2	...	...	...	25·6	...
		...	...	...	...	...	25·64	...	...	...	...	...	...	...	...	...	...	...	...	25·64		...	...	...	...
B. Idak	98	...	...	...	...	102·0	20·4	132·7	...	...	142·9	81·6	10·2	...	...	...	...	10·2	10·2	826·5	20·4	...	...	...	10·2
		...	...	...	...	...	...	...	...	...	30·61	...	...	...	...	...	...	...	...	30·61		...	...	...	...
Kajuri	25	...	...	...	...	640·0	...	...	...	...	...	...	40·0	...	40·0	...	...	40·0	...	,040·0	40·0	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Saidgi	83	...	...	...	...	277·1	12·0	...	...	...	12·0	60·2	108·4	...	...	...	...	12·0	...	807·2	24·1	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12·05		...	...	...	...
Jandola	181	...	...	...	...	530·4	16·6	...	...	...	16·6	77·3	176·8	5·5	...	...	...	60·8	5·5	1,182·3	33·1	...	...	...	5·5
		...	...	...	...	...	5·52	...	...	...	5·52	...	...	...	...	...	...	...	...	11·05		...	...	...	...
Kajuri Kach	217	...	4·6	...	...	442·4	4·6	...	4·6	...	9·2	23·0	198·2	27·6	...	...	4·6	23·0	23·0	1,064·5	36·9	...	...	13·8	9·2
		...	4·61	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·61		...	...	...	...
Sibi	141	...	...	...	...	255·3	7·1	...	...	...	7·1	35·5	49·6	7·1	...	...	...	...	56·7	702·1	28·4	14·2	...	7·1	35·5
		...	...	...	...	...	7·09	...	...	...	7·09	...	...	...	...	...	...	...	...	14·18		...	...	...	...

TABLE XXVIII—*continued.*

RATIOS of STATIONS, GROUPS, and COMMANDS. For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
								1. ADMISSION-RATE.										2. DEATH-RATE.							
C																									
Jacobabad	509	...	...	...	...	143·4	3·9	2·0	...	2·0	19·6	49·1	29·5	9·8	...	...	...	9·8	31·4	550·1	23·6	5·9	13·8	3·9	7·9
		...	...	...	...	...	1·96	...	...	...	3·93	1·96	...	1·96	...	...	...	...	...	11·79		...	...	...	...
Hyderabad	616	...	...	...	...	185·1	3·2	...	...	1·6	8·1	35·7	17·9	1·6	...	...	8·1	8·1	87·7	616·9	24·4	8·1	6·5	3·2	69·8
		...	...	...	...	...	1·62	...	...	1·62	...	1·62	...	...	...	...	...	...	...	4·86		...	...	...	...
Kurrachee	599	...	...	...	1·7	474·1	11·7	...	...	3·3	18·4	63·4	26·7	13·4	...	1·7	18·4	8·3	10·0	829·7	31·7	3·3	...	3·3	3·3
		...	...	...	...	..	1·67	...	...	...	5·01	...	...	...	...	...	1·67	...	...	8·35		...	...	...	...
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA.	17,283	·2	·5	·8	·4	32 ·9	12·3	1·0	·6	5·1	22·6	30·1	42·7	5·0	·1	·6	2·5	22·6	17·8	788·2	28·4	2·7	3·1	4·3	7·8
		...	·23	...	·06	·52	1·16	...	·06	·69	5·27	·23	·12	·17	...	·06	·06	·12	·06	10·13		·06	...	...	...
A																									
Bhuj	560	...	...	...	...	710·7	10·7	...	...	1·8	17·9	51·8	12·5	5·3	...	...	19·6	16·1	51·8	1,260·7	48·2	7·1	3·6	33·9	7·1
		...	...	...	...	1·78	...	...	1·78	...	1·78	...	...	...	...	...	...	...	...	7·13		...	...	...	...
Rajkot	265	...	...	...	...	362·3	3·8	...	...	3·8	22·6	22·6	15·1	...	...	...	...	...	41·5	630·2	22·5	3·8	18·9	3·8	15·1
		...	...	...	...	...	...	...	...	3·77	3·77	...	...	...	...	...	...	...	...	7·55		...	...	...	...
Deesa	904	...	...	...	1·1	1,215·7	3·3	3·3	1·1	...	17·7	15·5	29·9	10·0	...	1·1	2·2	4·4	29·9	1,731·2	46·5	7·7	...	16·6	5·5
		...	...	...	...	2·21	1·11	...	...	...	6·64	...	...	...	...	...	...	...	...	11·06		...	...	...	...
Ahmedabad	581	...	...	3·4	...	1,213·4	5·2	3·4	5·2	...	20·7	48·2	24·1	5·2	1·7	...	6·9	17·2	25·8	1,869·2	49·9	3·1	5·2	13·8	3·4
		...	...	...	...	1·72	...	...	...	...	1·72	...	...	...	...	...	...	...	...	6·88		...	...	...	...
Baroda	569	...	...	...	...	367·3	1·8	...	...	7·0	...	33·4	38·7	1·8	...	...	5·3	10·5	54·5	789·1	26·4	3·5	19·3	28·1	3·5
		...	...	...	...	1·76	...	...	...	1·76	...	1·76	...	...	...	...	...	...	...	7·03		...	...	...	...
B																									
Alirajpore	32	...	...	...	...	93·8	...	...	...	...	31·2	...	...	...	...	...	...	...	...	218·8	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	31·25	...	...	...	...	...	...	...	...	31·25		...	...	...	...
Sirdarpore	347	...	...	...	...	132·6	11·5	...	...	2·9	49·0	14·4	...	11·5	...	2·9	...	...	51·9	662·8	31·7	17·3	...	25·9	8·6
		...	...	...	...	...	2·88	...	...	...	20·17	...	...	...	...	...	...	...	...	23·05		...	...	...	...
Jhabwa	38	...	...	...	...	52·6	...	...	...	...	26·3	...	...	...	...	...	...	...	52·6	210·5	...	26·3	...	26·3	...
		...	...	...	...	...	...	...	...	...	26·32	...	...	...	...	...	...	...	...	26·32		...	...	...	...
Kherwara	364	...	...	5·5	...	109·9	...	...	...	22·0	52·2	5·5	2·7	...	...	...	...	5·5	38·5	717·0	41·2	...	5·5	19·2	13·7
		...	...	...	...	...	...	...	..	5·49	2·75	...	...	...	...	...	...	...	...	10·99		...	...	...	...
Kotra	178	...	...	...	...	101·1	...	...	...	...	16·9	...	11·2	...	...	...	...	5·6	...	292·1	11·2	...	...	...	...
		...	...	...	...	...	...	...	...	...	5·62	...	...	...	...	...	...	...	...	5·62		...	...	...	...
Udaipur	64	...	...	...	...	...	...	...	...	...	15·6	...	...	...	...	...	...	...	...	62·5	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Todgarh	33	...	...	...	...	90·9	...	...	...	...	30·3	30·3	90·9	30·3	...	...	...	...	...	424·2	90·9	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Erinpura	572	...	...	...	...	337·4	17·5	...	...	8·7	47·2	28·0	14·0	8·7	1·7	...	...	5·2	24·5	858·4	28·0	...	8·7	3·5	12·2
		...	...	...	...	...	...	...	...	...	6·99	...	...	...	...	...	...	...	...	8·74		...	...	...	...
Neemuch	354	...	...	...	...	844·6	11·3	...	...	5·6	22·6	14·1	14·1	2·8	...	...	...	5·6	70·6	1,404·0	48·0	...	28·2	19·8	22·6
		...	...	...	...	...	2·82	...	...	...	5·65	...	...	...	...	...	...	...	...	19·77		...	...	...	...
Deoli	552	...	...	...	...	237·3	1·8	...	1·8	3·6	41·7	12·7	23·6	3·6	...	5·4	...	3·6	39·9	643·1	27·2	9·1	...	25·4	5·4
		...	...	...	...	...	...	...	...	...	5·43	...	...	...	...	...	...	...	...	7·25		...	...	...	...
Beawar	46	...	...	...	...	152·2	...	...	...	21·7	21·7	...	...	...	...	...	...	...	21·7	282·6	21·7	...	...	21·7	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Nasirabad	766	...	...	...	...	327·7	...	...	1·3	1·3	9·1	28·7	13·1	1·3	...	1·3	1·3	10·4	41·8	753·3	24·8	...	23·5	10·4	7·8
		...	...	...	...	...	...	...	1·31	...	...	2·61	...	...	...	...	...	...	...	3·92		...	...	...	...
Ajmer	491	...	...	2·0	...	156·8	14·3	...	...	4·1	40·7	4·1	...	...	...	...	...	2·0	55·0	425·7	18·3	26·5	2·0	20·4	6·1
		...	...	...	...	...	...	...	...	...	8·15	2·04	...	...	...	...	...	...	...	12·22		...	...	...	...
Sambhar	21	...	...	...	...	238·1	...	...	...	...	95·2	...	...	...	...	...	...	...	...	333·3	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...		...	...	...	...
Jaipur	60	...	...	...	...	300·0	16·7	...	...	...	83·3	33·3	66·7	...	...	...	...	...	...	650·0	16·7	...	...	..	...
		...	...	...	...	...	16·67	...	...	...	33·33	...	...	...	...	...	...	...	...	50·00		...	...	...	...
Muttra	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Agra	558	...	...	1·8	1·8	342·3	25·1	...	...	16·1	23·3	25·1	43·0	7·2	...	...	1·8	14·3	25·1	858·4	32·3	5·4	9·0	7·2	3·6
		...	...	...	1·79	...	1·79	...	...	...	7·17	...	...	...	...	...	...	...	...	10·75		...	...	...	...

Stations and Groups.	Average annual strength.	1. Admission-rate. 2. Death-rate.																			Constantly sick.				
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflamma tin	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All causes.		Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Gwalior	25	... ...	... ...	... ...	... ...	160·0 ...	... ...	... ...	... ...	... ...	... ...	... ...	40·0 ...	... ...	... ...	... ...	... ...	... ...	... ...	200·0 ...	...	... ...	... ...	... ...	... ...
Jhansi	1,107	15·4 ...	... ...	... ...	·9 ·90	346·9 ...	1·8 ...	7·2 ...	... ...	8·1 ...	10·8 2·71	7·2 ...	63·2 ..	23·5 ...	... ...	... ...	1·8 ·90	24·4 ...	33·4 ...	892·5 7·23	27·1	1·8 ...	7·2 ...	7·2 ...	17·2 ...
Nowgong	1,072	... ...	... ...	... ...	... ...	169·8 ·93	1·9 ...	... ...	2·8 ...	·9 ...	8·4 ·93	14·0 ·93	17·7 ...	... ...	... ...	·9 ...	... ...	15·9 ...	10·3 ...	557·8 2·80	20·5	1·9 ...	4·7 ...	·9 ...	2·8 ...
Goona	404	... ...	... ...	... ...	... ...	44·6 ...	19·8 ...	... ...	... ...	... ...	17·3 4·95	2·5 ...	17·3 ...	... ...	... ...	2·5 ...	... ...	22·3 2·48	7·4 ...	294·6 12·38	17·3	... ...	... ...	... ...	7·4 ...
Agar	264	... ...	... ...	... ...	... ...	136·4 ...	... ...	... ...	...	... ...	18·9 3·79	... ...	30·3 ...	... ...	... ...	3·8 ...	... ...	3·8 ...	26·5 ...	515·2 7·58	18·9	... ...	... ...	22·7 ...	3·8 ...
Sehore	633	1·6 ...	... ...	... ...	1·6 ...	129·5 ...	23·7 7·90	83·7 ...	... ...	... ...	6·3 ...	61·6 1·58	15·8 ...	... ...	... ...	... ...	.. ...	6·3 ...	30·0 ...	759·9 23·70	25·3	4·7 ...	3·2 ...	22·1 ...	... ...
Indore	226	... ...	... ...	... ...	4·4 ...	146·0 ...	8·8 ...	... ...	... ...	4·4 ...	17·7 ...	31·0 ...	53·1 ...	13·3 ...	4·4 ...	... ...	... ...	4·4 ...	61·9 ...	566·4 8·85	26·5	22·1 ...	22·1 ...	8·8 ...	8·8 ...
Mhow	1,111	... ...	... ...	2·7 ...	·9 ...	75·6 ·90	3·6 .90	·9 ·90	·9 ...	8·1 ·90	6·3 ·90	25·2 ...	14·4 ...	6·3 ·90	... ...	2·7 ...	2·7 ...	5·4 ...	29·7 ...	402·3 20·70	18·9	2·7 ...	6·3 ...	11·7 ...	9·0 ...
Group VIII.—South-Eastern Rajputana, Central India, and Gujarat	12,202	1·5 ...	... ...	·7 ...	·5 ·16	378·1 ·57	7·2 ·90	5·5 .08	·8 ·16	4·7 ·41	19·8 3·85	22·1 ·49	23·5 ...	5·7 ·08	·2 ...	1·0 ...	2·2 ·08	9·9 ·08	33·3 ...	829·2 10·74	29·0	4·8 ...	7·3 ...	13·6 ...	7·5 ...
A.																									
Asirgarh	36	... ...	... ...	... ...	... ...	333·3 ...	... ...	... ...	... ...	... ...	... ...	... ...	27·8 ...	... ...	... ...	... ...	... ...	27·8 ...	27·8 ...	500·0 ...	27·8	... ...	... ...	... ...	27·8 ...
Saugor	1,127	... ...	... ...	·9 ...	... ...	251·1 ·89	11·5 1·77	... ...	... ...	3·5 ..	6·2 ·89	3·5 ...	31·9 ...	... ...	... ...	... ...	... ...	4·4 ...	10·6 ...	617·6 5·32	18·6	3·5 ...	·9 ...	1·8 ...	4·4 ...
Sutna	31	... ...	... ...	... ...	... ...	64·5 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	161·3 ...	...	... ...	... ...	... ...	... ...
Jubbulpore	870	... ...	... ...	... ...	... ...	400·0 ...	5·7 ...	... ...	... ...	... ...	5·7 ...	20·7 ...	55·2 ...	2·3 ...	... ...	1·1 ...	2·3 ...	11·5 ...	9·2 ...	1,220·7 1·15	28·7	· ...	... ...	1·1 ...	8·0 ...
Kamptee	638	... ...	... ...	... ...	... ...	319·7 ...	9·4 ...	6·3 ...	· ...	... ...	6.3 3·13	14·1 ...	11·0 ...	3·1 ...	... ...	... ...	... ...	12·5 ...	39·2 ...	724·1 10·97	28·2	11·0 ...	... ...	17·2 ...	11·0 ..
Sitabaldi	81	... ...	... ...	... ...	... ...	333·3 ...	... ...	49·4 ...	... 12·35	... ...	24·7 12·35	49·4 ...	12·3 ...	12·3 ..	... ...	... ...	... ...	... ...	61·7 ...	888·9 74·07	12·3	12·3 ...	12·3 ...	12·3 ...	24·7 ...
B.																									
Ellichpur	675	1·5 ...	... ...	... ...	... ...	189·6 ...	7·4 ...	... ...	1·5 ...	... ...	20·7 5·93	11·9 ...	8·9 ...	... ...	... ...	... ...	... ...	10·4 ...	10·4 ...	389·6 8·89	8·9	1·5 ...	1·5 ...	4·4 ...	3·0 ...
Hingoli	386	... ...	... ...	.. ...	2·6 2·59	114·0 ...	... ...	... ...	... ...	... ...	2·6 2·59	46·6 ...	5·2 ...	2·6 ...	... ..	... ...	... ...	... ...	15·5 2·50	411·9 10·36	18·1	2·6 ...	... ...	5·2 2·59	7·8 ...
Jalna	229	... ...	... ...	... ...	... ...	117·9 ...	... ...	4·4 ...	... ...	8·7 ...	8·7 8·73	17·5 ...	21·8 ...	... ...	... ...	4·4 ...	... ...	4·4 ...	4·4 ...	296·9 13·10	13·1	4·4 ...	... ...	... ...	... ...
Aurangabad	1,665	29·4 ...	... ...	... ...	... ...	213·2 1·80	·6 ...	... ...	... ·60	·6 ...	5·4 2·40	14·4 ...	28·8 ...	... ...	... ...	2·4 ...	·6 ...	9·0 ...	30·6 ...	618·0 9·61	23·4	3·0 ...	1·2 ...	15·0 ...	11·4 ...
Ahmednagar	604	... ...	... ...	... ...	... ...	84·4 ...	... ...	... ...	... ...	1·7 ...	8·3 ...	1·7 ...	38·1 1·66	... ...	... ...	... ...	... ...	18·2 ...	57·9 ...	478·5 14·90	21·5	6·6 ...	21·5 ...	19·9 ...	9·9 ...
Mominabad	114	... ...	... ...	... ...	... ...	87·7 ...	... ...	... ...	8·8 ...	... ...	... ...	35·1 ...	... ...	... ...	... ...	... ...	8·8 ...	... ...	43·9 ...	403·5 ...	26·3	8·8 ...	... ...	8·8 ...	26·3 ...
Bolarum	1,658	... ...	... ...	... ...	... ...	117·0 ...	2·4 ...	... ...	1·8 ...	·6 ·60	6·6 ·60	25·9 ...	41·0 ...	3·0 ...	... ...	... ...	·6 ...	8·4 ...	22·3 ...	448·7 1·81	15·7	4·2 ...	... ...	11·5 ...	6·6 ...
Secunderabad	3,294	... ...	... ...	... ...	... ...	82·0 ·30	3·6 ·61	3·6 ...	1·5 1·52	1·2 ·30	7·3 ·91	13·7 ·30	23·4 ·30	·6 ...	·3 ...	3·3 ...	... ...	19·4 ·30	32·2 ...	433·2 7·29	20·6	4·6 ...	6·4 ...	4·6 ...	16·7 ...
Raichur	212	4·7 ...	... ...	... ...	4·7 4·72	80·2 ...	... ...	... ...	... ...	4·7 ...	4·7 ...	14·2 ...	9·4 ...	... ...	... ...	... ...	4·7 ...	33·0 ...	23·6 ...	367·9 9·43	18·9	4·7 ...	... ...	14·2 ...	4·7 ...
Belgam	1,113	... ...	... ...	... ...	... ...	55·7 ...	6·3 ...	3·6 ...	... ...	... ...	6·3 1·80	9·9 ...	1·8 ·90	2·7 ...	... ...	... ...	·9 ...	12·6 ...	71·0 ...	327·0 5·39	16·2	11·7 ...	16·2 ...	20·7 ...	22·5 ...
Satara	529	... ...	... ...	... ...	... ...	194·7 ...	1·9 1·89	1·9 ...	... ...	... ...	3·8 ...	3·8 ...	5·7 ...	5·7 ...	... ...	... ...	3·8 ...	7·6 ...	43·5 ...	913·0 7·56	30·2	11·3 ...	3·8 ...	11·3 ...	17·0 ...

TABLE XXVIII—*continued.*

RATIOS of STATIONS, GROUPS, and COMMANDS. For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.														2. DEATH-RATE.								
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Poona	1,945	... ...	... ...	·5 ...	... ...	146·5 ·51	4·1 2·06	2·1 ...	2·6 ..	4·1 ...	4·1 1·54	12·9 ...	21·1 ...	3·6 ...	... ...	·5 ...	... ...	11·8 ·51	43·7 ...	541·4 10·80	26·7	4·1 ...	11·8 ...	12·9 ...	14·9 ...
Kirkee	1,066	20·6 ...	... ...	·9 ...	... ...	383·7 ...	... ...	... ...	·9 ...	1·9 ...	2·8 ·94	21·6 ·94	31·9 ...	8·4 ...	... ...	·9 ...	11·3 ...	6·6 ...	66·6 ...	957·8 5·63	24·4	5·6 ...	18·8 ...	26·3 ...	15·9 ...
Sirur	323	... ...	... ...	... ...	... ...	188·9 ...	9·3 ...	... ...	... ...	... ...	15·5 9·29	9·3 ...	133·1 ...	3·1 ...	... ...	3·1 ...	... ...	... ...	18·6 ...	671·8 18·58	24·8	3·1 ...	... ...	3·1 ...	12·4 ...
GROUP IX.—DECCAN.	16,596	4·4 ...	... ...	·2 ...	·1 ·12	174·3 ·36	3·9 ·54	1·8 ...	1·0 ·42	1·4 ·12	6·6 1·69	15·0 ·12	26·9 ·18	2·2 ...	·1 ...	1·2 ...	1·3 ...	11·5 ·12	34·1 ·06	575·8 7·83	21·4	4·9 ...	6·1 ...	10·7 ·06	12·4 ...
Bombay	1,301	... ...	... ...	2·3 ...	... ...	300·5 ·77	3·1 ·77	... ...	·8 1·54	1·5 ·77	9·2 ·77	41·5 ·77	54·6 1·54	15·4 ·77	·8 ...	2·3 ...	3·8 ·77	10·0 ...	56·1 1·54	914·7 16·14	43·0	8·5 ...	13·8 ...	25·4 1·54	8·5 ...
Cannanore	666	... ...	... ...	12·0 1·50	... ...	48·0 1·50	... ...	... ...	1·5 3·00	... ...	6·0 1·50	15·0 ...	15·0 ...	.. ...	... ..	1·5 ...	... ...	1·5 ...	30·0 ...	333·3 7·51	15·0	6·0 ...	3·0 ...	9·0 ...	12·0 ...
Trivandrum	80	... ...	... ..	... ...	... ...	75·0 ...	... ...	... ...	... ...	... ...	12·5 ...	... ...	37·5 ...	12·5 ...	... ...	... ...	... ...	... ...	25·0 ...	287·5 ...	12·5	... ...	... ...	... ...	25·0 ...
GROUP X.—WESTERN COAST.	2,047	...	... ...	5·4 ·49	... ...	209·6 ·98	2·0 ·49	... ...	1·0 1·95	1·0 ·49	8·3 ·98	31·3 ·49	41·0 ·98	10·3 ·49	·5 ...	2·0 ...	2·4 ·49	6·8 ...	46·4 ·98	701·0 12·70	32·7	7·3 ...	9·8 ...	19·1 ·98	10·3 ...
A.																									
Bellary	1,270	... ...	... ...	... ...	·8 ...	95·3 ...	9·4 3·15	137·8 ...	... ...	1·6 ...	5·5 ...	4·7 ...	52·8 ...	3·9 ...	... ...	·8 ...	·8 ...	28·3 ...	26·8 ...	610·2 4·72	25·2	5·5 ...	5·5 ...	3·1 ...	12·6 ..
Bangalore	3,295	... ...	... ...	... ...	... ...	154·5 ·30	... ...	9·4 ...	3·0 ·30	1·5 ·61	20·3 2·43	43·1 ...	25·2 ...	·6 ...	... ...	4·6 ·30	3·9 ...	27·9 ·30	42·8 ·30	664·6 10·62	28·2	12·1 ...	6·4 ...	7·0 ·30	17·3 ...
B.																									
Trichinopoly	865	... ...	2·3 1·16	1·2 ...	... ...	27·7 ...	... ...	10·4 ...	... ...	... ...	5·8 1·16	5·8 ...	5·8 1·16	3·5 ...	... ...	... ...	... ...	6·9 ...	27·7 ...	278·6 4·62	15·0	4·6 ...	... ...	13·9 ...	9·2 ...
Pallavaram	36	... ...	... ...	... ...	... ...	277·8 ...	... ...	... ...	55·6 ...	55·6 ...	27·8 ...	83·3 ...	111·1 ...	... ...	... ...	... ...	... ...	611·1 ...	55·6 ...	2,722·2 ...	500·0	... ...	... ...	55·6 ...	... ...
St. Thomas' Mount.	610	... ...	... ...	... ...	... ...	145·9 ...	1·6 ...	... ...	... ...	... ...	16·4 6·56	8·2 ...	26·2 ...	6·6 ...	... ...	1·6 ...	... ...	14·8 ...	57·4 ...	723·0 6·56	26·2	3·3 ...	8·2 ...	11·5 ...	34·4 ...
Madras	734	... ...	.. ..	... ...	... ...	46·3 ...	... ...	4·1 ...	1·4 ...	4·1 ...	2·7 1·36	23·2 ...	38·1 1·36	2·7 ...	1·4 ...	... ...	... ...	4·1 ...	23·2 ...	421·0 2·72	21·8	1·4 ...	2·7 ...	6·8 ...	12·3 ...
C.																									
Vizianagram	359	... ...	... ...	... ..	... ...	83·6 ...	2·8 2·79	2·8 ...	... ...	.. ...	... ...	5·6 ...	22·3 ...	... ...	... ...	... ...	... ...	19·5 ...	94·7 ...	515·3 8·36	30·6	22·3 ...	27·9 ...	8·4 ...	36·2 ...
GROUP XI.—SOUTHERN INDIA.	7,170	... ...	·3 ·14	·1 ...	·1 ...	113·9 ·14	2·0 ·70	30·5 ...	1·8 ·14	1·7 ·28	12·8 1·95	25·1 ...	29·4 ·28	2·2 ...	·1 ...	7·4 ·14	2·0 ...	24·4 ·14	40·0 ·14	591·2 7·53	27·6	8·6 ...	6·3 ...	7·8 ·14	17·3 ...
Maymyo	690	1·4 ...	... ...	... ...	... ...	181·2 ...	1·4 ...	2·9 ...	4·3 1·45	10·1 1·45	13·0 ...	34·8 ...	26·1 ...	1·4 ...	... ...	1·4 ...	... ...	11·6 1·45	21·7 1·45	775·4 7·25	37·7	1·4 ...	5·8 1·45	11·6 ...	2·9 ...
Kalanaga	30	... ...	... ...	... ...	... ...	533·3 ...	33·3 ...	... ...	... ...	... ...	66·7 33·33	... ...	266·7 ...	33·3 ...	... ...	... ...	... ...	... ...	33·3 ...	1100·0 33·33	33·3	... ...	... ...	... ...	33·3 ...
Kohima	203	... ...	... ...	... ...	... ...	541·9 4·93	... ...	... ...	4·9 ...	4·9 9·85	24·6 9·85	64·0 ...	44·3 4·93	4·9 ...	... ...	... ...	... ...	88·7 ...	49·3 ...	1118·2 29·56	54·2	9·9 ...	4·9 ...	19·7 ...	14·8 ...
Shillong	728	1·4 ...	... ...	... ...	5·5 1·37	381·9 1·37	2·7 ...	... ...	2·7 ...	4·1 ...	17·9 1·37	12·4 ...	142·9 ...	57·7 ...	... ...	1·4 ...	2·7 ...	23·4 ...	109·9 ...	1061·8 5·49	33·0	34·3 ...	8·2 ...	27·5 ...	39·8 ...
Gantak	186	... ...	... ...	.. ...	... ...	274·2 ...	5·4 ...	... ...	... ...	... ...	16·1 ...	53·8 ...	75·3 ...	10·8 ...	... ...	10·8 ...	... ...	5·4 ...	26·9 ...	844·1 10·75	32·3	21·5 ...	... ...	5·4 ...	... ...
Almora	551	... ...	1·8 1·81	... ...	.. ...	72·6 ...	32·7 ...	... ...	1·8 ...	5·4 7·26	1·8 1·81	3·6 ...	21·8 ...	18·1 ...	3·6 ...	... ...	... ...	3·6 ...	47·2 ...	421·1 10·89	29·0	3·6 ...	... ...	21·8 1·81	21·8 ...

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE. 2. DEATH-RATE.																			CONSTANTLY SICK.				
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.		Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Naini Tal	161	...	...	...	...	130·4	...	...	...	...	...	37·3	24·8	...	...	...	...	6·2	43·5	391·3	18·6	12·4	6·2	24·8	...
		...	...	...	...	6·21	...	...	...	...	...	...	...	...	...	...	...	...	...	6·21		...	...	...	...
Lansdowne	2,960	51·4	·7	·7	6·4	162·8	7·4	...	·3	5·4	11·8	15·2	15·2	9·1	...	·7	·3	6·1	14·5	690·2	27·7	1·0	2·0	10·1	1·4
		...	·68	...	2·70	·34	...	...	...	2·03	1·35	·34	...	...	...	...	...	...	...	10·14		...	...	...	...
Simla	130	...	...	...	...	69·2	...	...	...	...	...	15·4	38·5	...	...	...	...	15·4	7·7	246·2	7·7	...	7·7	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Jutogh	174	...	...	...	...	40·2	...	...	...	...	...	11·5	23·0	17·2	...	...	...	11·5	...	373·6	23·0	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Dharmsala	1,561	90·3	...	...	·6	155·0	10·2	1·3	...	10·2	7·7	14·7	15·4	7·7	...	1·3	...	3·8	27·5	545·2	25·0	·6	2·6	12·8	11·5
		...	...	...	...	·04	·64	...	...	...	...	...	...	...	...	...	...	...	...	5·12		...	...	...	...
Bakloh	864	...	...	...	...	89·1	8·1	...	...	270·8	10·4	17·4	6·9	1·2	...	5·8	...	19·7	54·4	699·1	105·3	5·8	11·6	12·7	24·3
		...	...	...	...	...	...	...	1·16	4·03	...	...	...	...	...	...	...	...	...	8·10		...	...	...	...
Murree	27	...	...	...	...	74·1	37·0	...	...	37·0	...	37·0	74·1	37·0	...	...	...	...	111·1	407·4	...	111·1	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	37·04	...	...	...	...	...	...	37·04		...	...	...	...
Baragully	65	...	...	...	...	...	...	...	...	...	76·9	30·8	...	15·4	...	30·8	...	...	46·2	369·2	15·4	...	...	15·4	30·8
		...	...	...	...	...	...	...	...	...	15·38	...	...	...	...	...	...	...	...	30·77		...	...	...	...
Kalabagh	73	...	...	...	...	109·6	...	...	...	...	...	13·7	13·7	...	...	...	...	...	13·7	315·1	13·7	...	...	...	13·7
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Chitral	176	...	...	...	...	346·6	28·4	...	...	11·4	...	5·7	17·0	28·4	...	...	...	17·0	17·0	653·4	22·7	5·7	...	11·4	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Kila Drosh	752	...	...	...	5·3	501·3	17·3	1·3	1·3	10·6	13·3	27·9	42·6	16·0	...	1·3	9·3	14·6	19·9	941	42·6	·3	4·0	8·0	6·6
		...	...	...	3·99	...	...	...	...	3·99	1·33	...	...	...	...	...	...	...	...	11·97		...	...	...	...
Malakand	643	3·1	...	...	...	113·5	4·7	...	...	...	4·7	21·8	21·8	...	...	...	...	4·7	3·1	332·8	9·3	...	...	1·6	1·6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Dargai	316	...	...	3·2	...	183·5	3·2	...	...	...	15·8	12·7	28·5	...	...	...	...	19·0	6·3	389·2	12·7	3·2	...	...	3·2
		...	...	...	...	3·16	...	...	...	...	3·16	...	...	...	...	...	...	...	...	9·49		...	...	...	...
Chakdara	390	...	...	...	...	1,148·7	5·1	...	...	...	7·7	10·3	20·5	2·6	...	2·6	...	2·6	7·7	1,315·4	17·9	...	...	2·6	5·1
		...	...	...	...	...	...	...	...	...	2·56	...	...	...	...	...	...	...	...	5·13		...	...	...	...
Abbottabad	2,266	...	...	...	1·3	185·3	15·0	...	·4	16·8	24·3	38·0	32·7	9·7	...	3·1	2·6	11·9	47·2	841·1	49·0	8·4	7·5	8·8	22·5
		...	...	...	...	1·32	3·53	...	...	2·65	2·65	...	·44	...	...	...	...	...	...	13·68		...	...	...	...
Cherat	73	...	...	...	...	150·7	...	...	...	...	...	13·7	41·1	...	...	...	...	...	27·4	506·8	13·7	13·7	...	13·7	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Fort Lockhart	479	...	...	...	...	156·6	...	...	...	2·1	12·5	20·9	52·2	6·3	...	...	4·2	40·0	8·4	542·8	23·0	2·1	2·1	2·1	2·1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Hangu	158	...	31·6	...	...	405·1	...	...	...	...	19·0	50·6	113·9	12·7	...	...	...	31·6	12·7	1,057·0	25·3	12·7	...	...	...
		...	25·32	...	...	...	...	...	...	...	...	6·33	...	...	...	...	...	...	...	31·65		...	...	...	...
Miran Shah	830	...	...	1·2	...	319·3	3·6	...	...	3·6	30·1	22·9	51·8	6·0	...	...	·6	8·4	8·4	709·6	18·1	2·4	2·4	1·2	2·4
		...	...	...	...	...	...	...	...	...	6·02	...	...	...	...	...	...	...	...	7·23		...	...	...	...
Boya	124	...	...	...	...	298·4	32·3	...	...	...	32·3	8·1	32·3	...	...	...	...	8·1	8·1	701·6	16·1	...	...	...	8·1
		...	...	...	...	...	8·06	...	...	...	8·06	...	...	...	...	...	...	...	...	16·13		...	...	...	...
Sarwekai	278	...	...	...	...	607·9	3·6	...	...	...	10·8	46·8	136·7	28·8	...	...	...	46·8	10·8	1,230·2	32·4	...	...	3·6	7·2
		...	...	...	...	3·60	...	...	...	...	...	...	...	...	...	...	...	...	...	10·79		...	...	...	...
Nagandioba	61	...	...	...	...	655·7	32·8	...	...	...	82·0	65·6	442·6	...	...	...	...	...	16·4	1,655·7	32·8	16·4	...	...	...
		...	...	...	...	...	...	...	...	...	32·79	...	...	...	...	...	...	...	...	32·79		...	...	...	...
Wana	684	...	...	1·5	...	1,008·8	11·7	...	1·5	...	76·0	39·5	188·6	35·1	1·5	...	1·5	13·2	13·2	1,669·6	49·7	2·9	2·9	7·3	...
		...	...	...	...	1·46	1·46	...	1·46	...	38·01	1·46	...	...	...	...	...	...	...	45·78		...	...	...	...
Mir Ali Khel	172	...	...	...	...	430·2	5·8	...	...	...	52·3	34·9	75·6	29·1	...	...	46·5	29·1	11·6	988·4	34·9	5·8	...	5·8	...
		...	...	...	...	5·81	...	...	...	...	29·07	...	5·81	...	...	...	5·81	5·81	...	87·21		...	...	...	...
Fort Sandeman	778	...	...	...	...	453·7	10·3	..	5·1	2·6	51·1	30·8	27·0	18·0	...	...	46·3	60·4	16·7	970·4	37·3	5·1	...	7·7	3·9
		...	...	...	...	1·29	...	...	...	1·29	21·85	...	1·29	...	...	...	11·57	1·29	...	39·85		...	...	...	...
Hindubagh	28	...	...	...	...	178·6	...	...	...	...	...	...	71·4	...	...	...	...	...	...	285·7	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Musa Khel	29	...	...	...	...	344·8	241·4	...	...	...	69·0	103·4	103·4	...	...	...	...	34·5	...	1,000·6	34·5	...	...	...	...
		...	...	...	...	...	...	...	...	...	34·48	...	...	...	...	...	...	...	...	34·48		...	...	...	...
Khan Mohamed Kot	65	...	...	...	...	661·5	61·5	...	...	...	15·4	15·4	769	15·4	...	...	...	30·8	...	1,153·8	30·8	...	...	...	...
		...	...	...	...	...	15·38	...	...	...	...	...	...	...	...	...	...	...	...	30·77		...	...	...	...
Murgha	47	...	...	...	...	383·0	...	...	...	...	85·1	42·6	127·7	21·3	...	...	...	...	21·3	702·1	42·6	...	...	...	21·3
		...	...	...	...	21·28	...	...	...	...	21·28	...	...	...	...	...	...	...	...	42·55		...	...	...	...

TABLE XXVIII—*continued.*

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table XXIX.

Stations and Groups.	Average annual strength.	1. Admission-rate.															2. Death-rate.								
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.	Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Loralai	901	...	...	...	1·1	516·1	1·1	...	5·5	...	32·2	89·9	24·4	6·7	...	...	37·7	26·6	32·2	1,274·1	49·9	2·2	4·4	10·0	15·5
		...	...	...	...	1·11	1·11	...	3·33	...	8·88	1·11	1·11	...	...	...	1·11	1·11	...	24·42		...	...	...	...
Gumbaz	72	...	...	...	...	972·2	13·9	...	...	...	111·1	125·0	97·2	55·6	...	...	41·7	13·9	...	1,722·2	41·7	...	...	...	...
		...	...	...	...	13·89	13·89	...	...	...	41·67	...	...	13·89	...	...	...	...	...	83·33		...	...	...	...
Quetta	2,513	2·8	2·4	1·2	...	160·8	11·5	1·6	...	1·6	17·1	21·5	35·8	9·2	...	·8	2·8	15·1	13·9	528·5	25·9	·8	1·6	3·2	8·4
		...	·40	...	...	...	·40	...	...	·40	3·58	...	·80	...	...	...	...	·40	...	8·75		...	...	...	...
Peshin	170	..	11·8	...	...	147·1	...	...	...	...	35·3	129·4	5·9	47·1	...	...	...	11·8	17·6	735·3	41·2	...	5·9	11·8	...
		...	...	...	...	...	...	...	...	...	5·88	...	...	5·88	...	...	...	...	...	17·65		...	...	...	...
Shelabagh	35	...	...	...	...	114·3	57·1	...	...	...	114·3	57·1	142·9	28·6	...	...	...	28·6	...	857·1	28·6	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Spinwana	36	...	...	...	...	305·6	...	...	...	27·8	55·6	...	55·6	27·8	...	...	27·8	27·8	...	638·9	27·8	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Chaman	581	...	...	...	1·7	89·5	27·5	...	...	13·8	24·1	49·9	29·3	3·4	...	1·7	15·5	10·3	17·2	578·3	24·1	1·7	3·4	3·4	8·6
		...	...	...	...	...	1·72	...	...	5·16	1·72	...	...	...	...	...	...	...	...	8·61		...	...	...	...
Mount Abu	83	...	...	...	...	180·7	36·1	...	...	12·0	12·0	12·0	12·0	...	...	...	...	...	...	494·0	12·0	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12·05		...	...	...	...
Ootacamund	123	8·1	...	...	...	8·1	...	...	...	...	16·3	...	8·1	...	...	...	...	...	16·3	235·8	8·1	...	...	16·3	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Mercara	409	...	...	...	...	224·9	4·9	...	...	2·4	39·1	22·0	66·0	...	...	...	...	7·3	4·9	562·3	19·6	...	2·4	...	2·4
		...	...	...	...	...	...	...	...	...	9·78	...	2·44	...	...	...	...	...	...	12·22		...	...	...	...
Group XII.—Hill Stations.	21,676	14·1	·7	·4	1·5	272·1	10·1	·4	·9	16·1	20·7	28·2	41·8	11·5	·1	1·2	5·5	15·1	25·1	759·6	33·8	4·1	3·2	8·3	9·4
		...	·37	...	·55	·74	·74	...	·28	1·61	4·71	·18	·42	·09	...	...	·51	·23	·09	13·06		...	·05	·05	...
Marching in Bengal.	2,287	...	·4	...	...	28·9	6·1	...	...	·4	5·7	5·7	16·2	4·4	...	·4	...	3·1	8·3	130·7	3·1	·9	2·2	2·6	2·6
		...	...	...	...	...	...	...	...	...	·44	...	·87	...	...	...	...	...	...	4·37		...	...	...	...
Marching in Punjab.	4,556	...	·2	·2	...	146·6	11·2	·9	·4	2·4	16·9	14·7	32·3	2·6	...	·9	1·3	3·5	10·1	418·8	5·9	·4	2·0	1·3	6·4
		...	·22	...	...	...	...	...	·22	...	·88	...	...	...	...	...	...	...	...	2·19		...	...	...	...
Marching in Madras.	886	...	23·7	...	...	26·0	...	...	...	1·1	2·3	4·5	6·8	2·3	...	...	...	2·3	5·6	144·5	3·4	1·1	...	...	4·5
		...	9·03	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10·16		...	...	...	...
Marching in Burma.	425	...	...	...	...	9·4	...	...	...	...	...	2·4	...	2·4	...	...	...	...	...	40·0	2·4	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·71		...	...	...	...
Marching in Bombay.	2,471	...	11·3	...	...	109·7	8·1	·8	2·0	...	7·3	·	2·5	10·1	...	1·2	1·6	1·6	8·5	277·6	6·5	...	4·9	1·2	2·4
		...	5 67	...	...	1·21	·81	...	...	...	2·83	40	...	...	...	...	...	...	...	12·55		...	...	...	...
Delhi Coronation Durbar Force.	61	...	...	...	...	721·3	278·7	...	16·4	16·4	377·0	327·9	754·1	16·4	...	...	...	...	82·0	3,065·6	49·2	32·8	16·4	16·4	16·4
		...	...	...	...	...	...	...	...	16·39	65·57	...	...	...	...	...	...	...	...	81·97		...	...	...	...
Sikkim Thibet Mission.	929	...	...	2·2	...	404·7	46·3	14·0	3·2	...	4·3	48·4	91·5	25·8	...	...	1·1	17·2	21·5	905·3	29·1	3·2	3·2	12·9	2·2
		...	...	1·08	...	...	5·38	...	...	...	...	1·08	2·15	...	...	...	...	1·08	...	11·84		...	...	...	...
Extra India.																									
(*a*) In the Indian Command:—																									
Chabbar	52	96·2	...	...	...	1,173·1	250·0	...	...	...	38·5	38·5	134·6	38·5	...	...	...	153·8	...	2,173·1	38·5	...	...	...	...
		...	...	...	...	...	...	...	...	...	19·23	...	...	...	...	...	...	...	...	19·23		...	...	...	...
Jask	53	...	...	...	...	3 7·7	56·6	18·9	...	...	18·9	...	37·7	...	...	...	56·6	...	...	377·4	37·7	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Muscat	22	...	...	...	...	227·3	...	...	...	...	...	...	45·5	...	...	...	...	...	..	681·8	45·5	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Bushire	57	...	...	...	...	...	...	...	...	...	...	17·5	...	...	...	...	...	...	...	105·3	...	...	...	...	...
		...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Bagdad	26	...	...	...	...	...	...	...	...	...	...	38·5	...	...	38·5	...	...	...	...	153·8	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Aden	644	...	...	...	...	562·1	1·6	1·6	4·7	3·1	10·9	15·5	132·5	88·5	1·6	1·6	12·4	51·2	21·7	1,183·2	51·2	...	6·2	10·9	4·7
		...	...	...	...	1·55	...	...	1·5	...	...	...	1·55	3·11	1·55	...	4·66	...	...	17·08		...	...	...	...

STATIONS AND COMMANDS.	Average annual strength.	1. ADMISSION-RATE.												2. DEATH-RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Khormaksar	42	... ...	... ...	... ..	... ..	214·3 ...	... ...	... ...	... ...	... ...	23·8 ...	23·8 ...	119·0 ...	23·8 ...	... ...	23·8 ...	... ...	23·8 ...	... ...	785·7 ...	47·6	... ...	... ...	... ...	... ...
Sheikh Othman	5	... ...	... ...	... ...	... ...	200·0 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	.. ...	200·0 ...	...	... ...	... ...	... ...	... ...
Perim	28	... ...	... ...	... ...	... ...	178·6 ...	... ...	... ...	... ...	... ...	35·7 ...	35·7 ...	357·1 35·71	71·4 ...	... ...	... ...	71·4 ...	35·7 ...	... ...	1,214·3 35·71	35·7	... ...	... ...	... ...	... ...
Aden Column Field Force.	983	... ...	... ...	... ...	3·1 ...	325·5 ...	8·1 ...	5·1 ...	2·0 ...	... ...	14·2 6·10	16·3 ...	204·5 2·03	34·6 ...	... ...	... ...	1·0 ...	2·0 1·02	12·2 ...	908·4 11·19	41·7	1·0 ...	4·1 ...	1·0 ...	6·1 ...
(*b*) Not in the Indian Command :—																									
Mauritius	1,270	... ...	... ...	... ...	·8 ·79	539·4 4·72	1·6 ...	... ...	2·4 1·57	4·7 ·79	5·5 2·35	22·0 ...	16·5 ...	·8 ...	... ...	... ...	... ...	8·7 ...	18·9 ...	816·5 16·54	39·4	... ...	7·1 ...	4·7 ...	7·1 ...
Colombo	63	... ...	... ...	... ...	... ...	31·7 ...	... ...	15·9 ...	... ...	... ...	... ...	... ...	79·4 ...	... ...	... ...	... ...	... ...	... ...	15·9 ...	428·6 ...	31·7	... ...	... ...	... ...	15·9 ...
Singapore	782	... ...	... ...	... ...	... ...	71·6 ...	2·6 ...	... ...	2·6 1·28	3·8 1·28	2·6 ...	3·8 ...	53·7 1·28	6·4 ...	1·3 1·28	... ...	... ...	26·9 ...	17·9 ...	429·7 5·12	24·3	2·6 ...	1·3 ...	5·1 ...	9·0 ...
INDIA	*124,660	3·6 ·10	1·1 ·54	·6 ·02	·6 ·22	247·4 ·66	8·6 ·88	3·5 ·01	1·0 ·27	5·9 ·65	14·4 3·05	22·2 ·21	36·6 ·30	7·2 ·10	·1 ·02	1·0 ·02	2·4 ·15	14·3 ·10	24·5 ·07	662·0 10·04	25·3	4·0 ·01	4·5 ·01	7·5 ·06	8·6 ...
INDIA	†122,545	3·7 ·01	1·1 ·65	·6 ·02	·6 ·21	245·6 ·62	8·8 ·90	3·6 ·01	·9 ·25	5·9 ·66	14·6 3·09	22·3 ·21	36·7 ·29	7·2 ·11	·1 ·02	1·0 ·02	2·4 ·16	14·3 ·11	24·6 ·07	662·0 10·01	25·2	4·0 ·01	4·5 ·01	7·5 ·06	8·6 ...
BENGAL	29,338	7·4 ·03	·6 ·37	·7 ...	1·4 ·55	197·7 ·78	7·6 ·85	2·6 ...	·6 ·07	4·3 ·82	9·0 1·57	16·7 ·24	36·7 ·31	9·4 ·03	·1 ·03	·6 ...	1·0 ·07	12·3 ·03	22·4 ·07	614·6 8·21	22·4	3·7 ...	4·3 ...	7·2 ·07	7·3 ...
PUNJAB	40,582	3·6 ...	1·3 ·99	·7 ...	·6 ·17	278·3 ·52	12·5 1·13	1·3 ...	·6 ·20	11·7 ·96	20·2 4·41	23·7 ·15	39·4 ·15	6·0 ·10	·1 ...	·9 ·02	1·8 ·02	15·8 ·05	17·1 ·02	692·4 10·60	26·1	3·0 ·02	2·8 ...	4·6 ...	6·8 ...
MADRAS	18,679	2·8 ...	1·2 ·48	·5 ·05	·2 ·11	111·2 ·32	2·4 ·37	12·6 ...	1·3 ·48	1·2 ·21	10·0 1·93	19·4 ·05	25·1 ·27	1·6 ...	·1 ...	1·8 ·05	1·0 ...	16·2 ·11	32·9 ·11	484·4 7·33	21·2	6·0 ...	4·8 ...	8·3 ·11	13·8 ...
BURMA	6,502	·5 ...	·6 ·77	·2 ...	·2 ·15	331·9 1·38	5·8 ·62	4·8 ...	2·2 ·46	3·7 ·45	3·7 ·15	25·8 ·15	35·7 ·31	4·5 ·15	·2 ...	1·1 ·15	·5 ...	18·1 ·15	25·4 ·31	730·2 7·54	25·4	4·6 ...	4·6 ·15	9·9 ·15	6·3 ...
BOMBAY	25,471	1·3 ...	1·4 ·59	·6 ...	·2 ...	315·3 ·67	7·5 ·90	1·1 ·04	1·2 ·35	2·9 ·47	17·7 4·20	26·4 ·39	30·9 ·39	9·9 ·27	·2 ·04	·9 ...	6·8 ·63	12·2 ·20	33·4 ·08	756·8 13·47	28·8	4·5 ...	7·2 ...	11·6 ·08	10·1 ...
China Garrison	1,745	32·1 ...	... ...	1·7 ...	... ...	57·9 ...	5·2 1·15	1·1 ...	1·1 1·15	20·6 6·88	5·7 1·15	18·3 ...	8·6 ...	1·1 ...	... ...	.. ...	2·9	14·3 ·57	26·9 ...	298·0 12·03	23·5	3·4 ...	4·6 ...	2·3 ...	16·6 ...
Somaliland Expeditionary Force.	3,174	... ...	... ...	... ...	... ...	190·3 1·58	16·7 1·89	... ...	·9 ...	·6 ·32	17·6 4·41	35·3 ·32	97·7 ·63	25·5 ...	·3 ·32	3·2 ...	264·3 5·04	2·5 ...	44·7 ...	11,29·2 25·83	55·8	2·2 ...	3·2 ...	6·9 ...	32·5 ...

* See foot-note at the end of Table XXIX.

† " " " "

TABLE XXIX.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS. 2. DEATHS.																									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Port Blair . . .	300	...	...	...	...	78	3	1	4	1	...	13	4	...	...	...	...	6	10	145	6	...	2	6	2	...	...
		...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Rangoon . . .	954	2	...	1	...	367	2	6	2	1	3	19	76	1	...	3	1	10	49	866	23	13	9	18	9	...	1
		...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	1	6		...	...	1	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS.	1,254	2	...	1	...	445	5	7	6	2	3	32	80	1	...	3	1	16	59	1,011	30	13	11	24	11	...	1
		...	...	...	...	2	...	...	1	...	...	1	...	...	..	...	...	...	1	9		...	...	1	...	...	...
Thayetmyo . .	500	...	...	..	...	198	...	...	...	...	1	8	13	16	...	...	...	13	10	346	15	...	2	4	4	...	...
		..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	..	...	...	...	...
Keng Tung . .	283	...	...	...	...	824	11	22	...	2	...	2	3	1	...	1	...	...	11	934	24	1	...	7	3	...	...
		..	...	...	...	5	2	...	...	1	...	...	...	...	...	...	...	...	...	10		...	...	...	...	...	..
Fort Stedman . .	410	...	4	...	...	171	5	...	...	2	2	7	5	4	...	1	...	15	20	409	12	...	5	6	9	...	...
		...	5	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	6		...	...	...	...	...	...
Meiktila . . .	130	...	...	...	...	19	...	...	1	...	...	5	3	...	1	...	...	4	4	81	5	1	...	2	1	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Fort Dufferin . .	1,721	...	...	...	...	171	16	...	1	5	6	37	31	...	...	1	1	34	40	821	33	13	8	9	10	1	...
		...	...	...	...	...	1	...	1	...	...	...	1	...	...	...	...	...	...	7		...	...	...	...	...	...
Bhamo . . .	959	...	...	...	1	181	...	...	3	5	2	46	77	5	..	...	1	28	6	551	18	1	...	4	1	...	1
		...	...	...	1	2	...	...	...	1	...	...	1	1	...	1	...	...	...	8		...	...	...	...	...	...
Myitkyina . . .	131	...	...	..	...	20	...	...	...	1	1	6	2	...	...	...	...	...	...	43	2	..	...	..	...	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	..	...	...	1		..	...	...	...	...	...
GROUP II.—BURMA INLAND . . .	4,133	...	4	...	1	1,584	32	22	5	15	12	111	134	26	1	3	2	94	91	3,185	110	16	15	32	28	1	1
		..	5	...	1	7	4	...	1	2	1	...	2	1	...	1	...	...	...	33		...	..	...	...	..	...
Manipur . . .	557	..	...	...	7	159	14	1	...	2	9	13	37	5	...	...	...	6	25	472	22	4	6	1	14	...	1
		..	...	...	2	1	1	...	..	1	2	...	...	...	...	...	...	...	...	9		...	...	...	...	...	...
Sadiya . . .	69	...	...	...	..	29	...	...	...	...	1	5	6	...	...	...	...	4	1	76	2	...	..	1	...	2	...
		...	..	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Dibrugarh . . .	282	2	...	...	..	135	5	...	...	...	...	11	18	2	...	...	4	4	2	262	8	...	...	2	...	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Silchar . . .	432	...	...	...	...	81	6	...	...	2	1	7	53	7	...	...	3	10	14	298	12	2	4	5	3	5	4
		...	...	...	...	1	...	...	..	...	...	...	2	...	...	...	...	...	...	4		...	...	...	...	...	...
GROUP III.—ASSAM .	1,340	2	...	...	7	404	25	1	...	4	11	36	114	14	...	...	7	24	42	1,108	44	6	10	9	17	8	5
		...	...	..	2	2	1	...	...	1	2	...	2	...	...	...	...	...	...	13		...	...	...	...	...	...
Fort William . .	661	...	.	...	...	219	8	...	...	2	3	10	41	8	...	...	...	7	21	451	18	3	9	4	5	...	...
		...	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...	...	1	4		...	...	1	...	...	...
Alipore . . .	692	...	...	2	...	238	...	...	1	1	8	18	60	12	...	...	1	14	33	615	21	3	15	6	9	4	1
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	3		...	...	...	...	...	..
Ballygunge . . .	44	...	...	...	...	2	...	...	1	...	...	3	1	...	...	...	...	4	...	25	1	...	...	...	...	..	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	..	...	...	...	...
Barrackpore . .	468	...	...	...	...	239	1	1	...	...	5	17	30	23	...	3	...	11	12	467	12	1	3	5	3	...	...
		...	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Buxa . . .	344	...	...	...	...	37	8	...	...	...	...	4	10	5	...	...	...	6	1	134	6	...	...	...	1	...	..
		...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1		...	..	...	...	...	...
Cuttack . .	267	...	...	...	...	101	...	...	...	...	...	5	5	...	...	...	...	1	22	186	7	3	9	4	6	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	..	...
GROUP IV.—BENGAL AND ORISSA.	2,474	...	...	2	...	836	17	1	2	3	16	57	147	48	...	3	1	43	89	1,878	64	10	36	19	24	5	1
		...	...	...	...	2	2	...	...	...	4	...	...	...	...	...	1	...	1	12		...	...	1	...	...	...

1. Admissions. 2. Deaths.

Stations and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.	Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
A																											
Doranda	374	...	...	...	...	55	3	...	1	...	1	3	14	3	...	...	...	...	9	182	8	3	...	2	4	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
B																											
Dinapore	761	7	2	...	1	170	3	...	...	9	1	12	79	7	...	2	1	32	23	572	22	5	...	16	2	6	...
		1	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	4		...	...	...	...	...	...
Benares	633	...	1	...	...	58	3	...	...	1	2	7	...	6	...	...	...	2	2	217	7	...	2	...	...	...	...
		...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Allahabad	1,142	...	...	1	...	190	1	...	1	4	14	11	81	22	1	...	3	8	23	836	31	3	4	14	2	3	2
		...	...	...	...	1	...	...	...	1	...	...	1	1	1	...	...	...	...	9		...	...	...	...	...	...
Fyzabad	1,124	...	1	1	1	109	7	...	1	2	12	22	16	1	...	...	3	16	23	586	27	1	1	7	14	23	35
		...	...	...	1	1	...	...	...	...	3	...	1	...	...	...	...	...	...	7		...	...	...	...	...	...
Lucknow	1,643	...	...	7	...	107	3	...	...	3	4	13	40	5	...	...	2	20	26	516	27	6	3	6	11	3	6
		...	...	...	...	1	2	...	...	...	1	1	...	...	...	...	...	...	...	16		...	...	...	...	...	...
Cawnpore	1,096	2	9	3	...	51	5	...	2	2	8	12	17	1	...	1	...	15	7	371	19	2	2	3	...	1	...
		...	7	...	...	1	2	...	...	...	3	...	...	...	...	...	...	...	...	16		...	...	...	...	...	...
Fatehgarh	82	...	...	...	...	31	...	...	...	...	...	1	5	...	...	...	...	...	2	83	2	...	1	...	1	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	6,857	9	13	12	2	771	25	...	5	21	43	81	252	45	1	3	9	93	115	3,363	144	20	13	48	34	36	43
		1	8	...	1	4	5	...	...	1	8	2	3	1	1	...	...	...	...	55		...	...	...	...	...	...
A																											
Bareilly	1,197	...	...	1	1	92	3	...	...	11	2	11	24	6	...	...	...	3	14	365	15	2	2	2	8	4	...
		...	...	...	1	...	1	...	...	1	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Roorkee	896	1	...	...	...	204	2	...	1	1	13	17	17	7	...	...	1	12	20	467	15	2	8	3	7	...	1
		...	...	...	...	4	...	...	1	...	2	...	1	...	...	...	...	...	...	9		...	...	...	...	...	...
Dehra Dun	1,445	33	...	1	6	474	7	13	...	28	13	53	26	25	...	1	...	11	50	1,271	44	9	15	9	17	...	...
		...	...	...	2	...	1	...	...	8	...	...	...	...	...	...	...	...	...	15		...	...	...	...	...	...
Meerut	1,129	...	...	...	...	145	16	...	...	10	21	14	31	1	...	...	1	28	11	582	21	1	2	4	4	27	2
		...	...	...	...	1	1	...	1	1	3	1	...	...	...	...	...	...	...	10		...	...	...	...	...	...
Delhi	797	...	...	...	...	281	12	...	1	2	12	23	11	4	...	...	1	2	15	602	19	4	1	3	7	8	...
		...	...	...	...	4	6	...	...	...	6	1	...	...	...	...	...	...	...	18		...	...	...	...	...	...
Umballa	1,363	...	3	6	1	151	7	3	1	4	22	8	23	6	...	1	...	11	17	455	20	4	3	2	8	...	...
		...	1	...	1	...	2	...	...	3	3	...	...	...	...	...	...	...	...	13		...	...	...	...	...	...
B																											
Ludhiana	14	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	8	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Jullundur	976	...	...	...	...	200	4	...	...	3	24	31	51	4	...	...	1	17	25	662	21	12	2	2	9	2	...
		...	...	...	...	2	...	...	...	1	3	...	...	...	...	...	...	...	...	7		...	...	...	...	...	...
Ferozepore	1,132	...	...	...	...	356	46	...	...	16	34	25	45	6	1	2	...	10	14	768	27	4	1	6	3	6	...
		...	...	...	...	2	5	...	...	2	9	...	1	...	...	...	...	...	...	26		...	...	...	...	...	...
Meean Meer	1,851	...	34	4	3	517	11	25	5	10	45	42	52	19	...	1	5	19	22	1,220	38	8	3	6	5	10	...
		...	29	...	...	...	1	...	3	1	14	2	1	1	...	...	...	...	...	54		...	...	...	...	...	...
Amritsar	121	...	...	...	...	24	1	...	...	3	3	1	5	...	...	...	...	...	1	63	2	1	...	...	...	...	...
		...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...
Sialkot	1,901	...	1	...	1	306	4	...	1	7	19	29	35	7	...	...	...	14	12	808	28	4	3	1	4	7	...
		...	1	...	...	1	2	...	...	...	3	...	...	...	...	...	...	...	...	10		...	...	...	...	...	...
Jhelum	1,241	...	...	...	1	174	22	...	...	14	10	29	25	12	...	...	7	31	26	719	29	7	2	9	8	9	2
		...	...	...	1	...	2	...	...	2	1	...	...	1	...	...	...	...	...	8		...	...	...	...	...	...
Rawalpindi	1,841	...	...	2	4	562	59	...	1	17	23	38	57	4	...	2	7	14	47	1,164	47	4	8	15	20	4	...
		...	...	...	1	...	7	...	1	2	12	...	...	...	...	...	1	...	...	29		...	...	...	...	...	...
Attock	82	...	...	...	...	22	2	...	...	...	...	1	2	...	...	...	...	...	...	43	1	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA.	15,987	34	38	14	17	3,510	196	41	10	126	241	322	404	101	1	7	23	172	274	9,197	327	62	50	62	100	77	5
		...	31	...	5	14	29	...	6	21	57	4	3	2	...	...	1	...	...	204		...	...	...	...	...	...
A																											
Mardan	954	...	...	2	...	106	11	...	...	8	15	18	17	...	...	...	1	11	17	369	19	3	2	4	8	...	...
		...	...	...	...	...	2	...	...	...	4	1	...	...	...	...	...	...	...	9		...	...	...	...	...	...
Nowshera	1,415	...	...	3	...	452	16	...	...	3	25	34	45	13	...	1	6	13	18	1,135	37	1	2	8	7	...	1
		...	...	...	...	...	2	...	...	...	8	...	1	...	...	...	...	...	...	14		...	...	...	...	...	...

TABLE XXIX—*continued.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

Stations and Groups.	Average annual strength.	1. Admissions. 2. Deaths.																									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility	Venereal Diseases.	All Causes.	Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Peshawar	2,578	... ...	1 1	4 ...	5 ...	372 2	24 ...	3 ...	1 ...	16 2	38 4	32 ...	58 1	7 1	... ...	... ...	1 ...	45 ...	3 ...	1,237 13	44	4 ...	6 ...	14 ...	6 ...	9 ...	1 ...
Fort Jamrud	91	... ...	... ...	... ...	... ...	25 ...	3 ...	... ...	... ...	... ...	... ...	3 ...	9 ...	1 ...	... ...	1 ...	... ...	... ...	... ...	62 ...	1	... ...	... ...	... ...	... ...	... ...	... ...
Kohat	2,963	... ...	... ...	2 ...	... ...	880 4	7 1	... ...	1 1	17 2	92 17	82 1	137 ...	10 ...	... ...	1 1	10 ...	123 1	5 1	2,269 36	83	7 1	12 ...	9 ...	25 ...	9 ...	1 ...
Thal	183	... ...	... ...	... ...	... ...	68 ...	4 ...	... ...	... ...	... ...	3 2	7 ...	19 ...	... ...	... ...	... ...	... ...	5 ...	2 ...	175 2	5	1 ...	1 ...	... ...	... ...	... ...	... ...
Latammar	14	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	1 ...	2 ...	1 ...	... ...	... ...	... ...	... ...	... ...	1 ...	7 ...	...	... ...	... ...	... ...	1 ...	... ...	... ...
Edwardesabad	1,774	... ...	2 1	1 ...	1 1	822 ...	52 1	... ...	3 ...	11 2	60 11	55 ...	80 ...	9 ...	... ...	1 ...	3 ...	40 1	29 ...	2,040 18	66	5 ...	5 ...	6 ...	13 ...	10 ...	4 ...
Jani Khel	15	... ...	... ...	... ...	... ...	4 ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	12 ...	...	... ...	... ...	... ...	... ...	... ...	... ...
Dera Ismail Khan	2,117	... ...	... ...	1 ...	... ...	1,032 1	47 5	... ...	4 ...	8 1	67 26	115 ...	161 ...	18 1	1 ...	3 ...	2 ...	82 ...	43 ...	2,477 37	87	7 ...	8 ...	17 ...	11 ...	33 ...	1 ...
Tank	87	... ...	... ...	... ...	... ...	58 1	... ...	... ...	... ...	... ...	4 2	2 ...	2 ...	... ...	... ...	... ...	... ...	... ...	... ...	91 4	3	... ...	... ...	... ...	... ...	1 ...	... ...
Jatta	58	... ...	2 1	... ...	... ...	50 1	... ...	... ...	... ...	... ...	2 1	6 ...	5 ...	2 ...	... ...	... ...	... ...	2 ...	... ...	94 3	2	... ...	... ...	... ...	... ...	2 ...	... ...
Drazand	56	... ...	... ...	... ...	... ...	66 ...	... ...	... ...	... ...	... ...	... ...	3 ...	5 ...	... ...	... ...	... ...	... ...	1 ...	... ...	79 ...	2	... ...	... ...	... ...	... ...	... ...	... ...
Nili Kach	81	... ...	1 ...	... ...	... ...	69 ...	2 ...	... ...	... ...	... ...	2 1	... ...	14 ...	2 ...	... ...	... ...	... ...	4 ...	... ...	113 1	3	... ...	... ...	... ...	... ...	2 ...	... ...
Fort Zam	72	3 ...	... ...	... ...	... ...	58 ...	2 ...	... ...	1 ...	... ...	3 ...	4 ...	5 ...	... ...	... ...	... ...	... ...	2 ...	... ...	110 ...	2	... ...	... ...	... ...	... ...	... ...	1 ...
Mangrota	25	... ...	... ...	... ...	... ...	12 ...	5 1	... ...	... ...	... ...	1 ...	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	23 1	1	... ...	... ...	... ...	... ...	... ...	... ...
Dera Ghazi Khan	349	... ...	... ...	... ...	... ...	127 ...	8 ...	... ...	... ...	2 ...	12 3	5 ...	13 ...	... ...	... ...	... ...	1 ...	2 ...	1 ...	247 3	9	... ...	... ...	1 ...	... ...	1 ...	... ...
Mooltan	1,944	... ...	1 ...	1 ...	... ...	736 ...	12 2	... ...	... ...	19 4	18 2	30 ...	29 ...	3 ...	... ...	2 ...	3 ...	19 ...	22 ...	1,203 10	59	6 ...	6 ...	5 ...	5 ...	4 ...	... ...
Bikaner	39	... ...	... ...	... ...	... ...	... ...	1 1	... ...	... ...	... ...	1 ...	1 ...	1 ...	... ...	... ...	... ...	... ...	... ...	1 ...	5 1	...	... ...	... ...	1 ...	... ...	... ...	... ...
B.																											
Idak	98	... ...	... ...	... ...	... ...	10 ...	2 ...	13 ...	... ...	... ...	14 3	8 ...	1 ...	... ...	... ...	... ...	... ...	1 ...	1 ...	81 3	2	... ...	... ...	... ...	1 ...	... ...	... ...
Kajuri	25	... ...	... ...	... ...	... ...	16 ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	1 ...	... ...	... ...	1 ...	... ...	26 ...	1	... ...	... ...	... ...	... ...	... ...	... ...
Saidgi	83	... ...	... ...	... ...	... ...	23 ...	1 ...	... ...	... ...	... ...	1 ...	5 ...	9 ...	... ...	... ...	... ...	... ...	1 ...	... ...	67 1	2	... ...	... ...	... ...	... ...	... ...	... ...
Jandola	181	... ...	... ...	... ...	... ...	96 ...	3 1	... ...	... ...	... ...	3 1	14 ...	32 ...	1 ...	... ...	... ...	... ...	11 ...	1 ...	214 2	6	... ...	... ...	... ...	1 ...	... ...	... ...

Stations and Groups.	Average annual strength.	1. Admissions. 2. Deaths.																									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.	Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Kajuri Kach	217	...	1	...	...	96	1	...	1	...	2	5	43	6		...	1	5	5	231	8	...	...	3	2	2	..
		...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Sibi	141	...	...	...	...	36	1	...	...	...	1	5	7	1	...	...	...	...	8	99	4	2	...	1	5	...	...
		...	...	.	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...
C.																											
Jacobabad	509	...	...	...	...	73	2	1	...	1	10	25	15	5	..	...	...	5	16	280	12	3	7	2	4	2	...
		...	...	...	...	...	1	...	...	...	2	1	...	1	...	...	..	...	...	6		...	...	...	...	...	...
Hyderabad	616	...	...	...	...	114	2	...	...	1	5	22	11	1	..	...	5	5	54	380	15	5	4	2	43	...	1
		...	...	...	...	...	1	...	...	1	...	1	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Kurrachee	599	...	...	...	1	284	7	...	...	2	11	38	16	8	...	1	11	5	6	497	19	2	...	2	2	...	1
		...	...	...	...	...	1	...	...	...	3	...	...	...	...	...	1	...	...	5		...	...	...	...	...	...
Group VII.—N.-W. Frontier, Indus Valley, and North-Western Rajputana.	17,283	3	8	14	7	5,685	213	17	11	89	391	521	738	87	2	10	44	391	308	13,623	492	46	53	75	134	75	11
		...	4	...	1	9	20	...	1	12	91	4	2	3	...	1	1	2	1	175		1	..	..	...	...	...
A.																											
Bhuj	560	...	...	...	...	398	6	...	..	1	10	29	7	3	...	...	11	9	29	706	27	4	2	19	4	12	...
		..	...	...	...	1	.	...	1	...	1	...	...	...	...	...	...	...	...	4		...	...	...	...	..	...
Rajkot	265	...	...	...	...	96	1	...	...	1	6	6	4	...	..	...	...	...	11	167		1	5	1	4	1	...
		...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...
Deesa	904	...	...	...	1	1,099	3	3	1	..	16	14	27	9	...	1	2	4	27	1,565	42	7	...	15	5	12	3
		...	...	...	...	2	1	...	..	...	6	...	...	...	...	...	...	...	...	10		...	...	...	...	...	...
Ahmedabad	581	...	...	2	...	705	3	2	3	...	12	28	14	3	1	...	4	10	15	1,086	29	2	3	8	2	14	...
		...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	4		...	...	...	...	...	...
Baroda	569	...	...	...	...	209	1	...	...	4	...	19	22	1	...	...	3	6	31	449	15	2	11	16	2	5	...
		...	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	4		...	...	...	...	...	...
B.																											
Alirajpore	32	...	...	...	...	3	...	...	...	...	1	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Sirdarpore	347	...	...	...	...	46	4	...	...	1	17	5	...	4	...	1	...	...	18	230	11	6	...	9	3	19	4
		...	...	...	...	...	1	...	...	...	7	...	...	...	...	...	...	...	...	8		...	...	...	...	...	...
Jhabwa	38	...	...	...	...	2	...	...	...	...	1	...	...	...	...	...	...	...	2	8	...	1	...	1	...	2	...
		...	...	..	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Kherwara	364	...	...	2	...	40	...	...	...	8	19	2	1	...	...	...	...	2	14	261	15	...	2	7	5	77	...
		...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	4		...	...	...	...	...	...
Kotra	178	...	...	...	...	18	...	...	...	...	3	...	2	...	...	...	...	1	...	52	2	...	..	...	...	12	...
		..	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Udaipur	64	...	...	...	..	...	...	...	...	...	1	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	..	...		...	...	...	...	...	...
Todgarh	33	...	...	...	...	3	...	...	...	...	1	1	3	1	...	...	...	...	...	14	3	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Erinpura	572	...	...	..	...	193	10	...	...	5	27	16	8	5	1	...	...	3	14	491	16	...	5	2	7	6	1
		...	...	...	...	...	...	..	...	...	4	...	...	...	...	...	...	...	...	5		...	...	...	...	...	...
Neemuch	354	...	...	...	...	299	4	...	...	2	8	5	5	1	...	...	...	2	25	497	17	...	10	7	8	8	...
		...	...	...	...	...	1	...	...	..	2	...	...	...	...	...	...	...	...	7		...	...	...	...	...	...
Deoli	552	...	...	...	...	131	1	...	1	2	23	7	13	2	...	3	...	2	22	355	15	5	...	14	3	6	...
		...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	4		...	...	...	...	...	...
Beawar	46	...	...	...	...	7	...	...	...	1	1	...	...	...	...	...	...	...	1	13	1	...	...	1	...	..	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...		...	...	...	...	...	...
Nasirabad	766	...	...	...	...	251	...	...	1	1	7	22	10	1	...	1	1	8	32	577	19	...	18	8	6	12	...
		...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Ajmer	491	...	...	1	...	77	7	...	...	2	20	2	...	...	...	...	...	1	27	209	9	13	1	10	3	4	2
		...	...	...	...	...	...	...	...	...	4	1	...	...	...	...	..	...	...	6		...	...	...	...	...	...
Sambhar	21	...	...	...	...	5	...	...	...	...	2	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	..	...	...	...

NATIVE TROOPS, 1903.

TABLE XXIX—*continued.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS. 2. DEATHS.																									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Jaipur	60	...	...	...	...	18	1	...	...	...	5	2	4	...	...	...	...	...	...	39	1	...	...	...	...	1	...
		...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Muttra	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Agra	558	...	...	1	1	191	14	...	...	9	13	14	24	4	...	...	1	8	14	479	18	3	5	4	2	12	...
		...	...	...	1	...	1	...	...	...	4	...	...	...	...	...	...	...	...	6		...	...	...	...	...	...
Gwalior	25	...	...	...	...	4	...	...	...	...	...	...	1	...	...	...	...	...	...	5	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Jhansi	1,107	17	...	...	1	384	2	9	...	9	12	8	70	26	...	...	2	27	37	988	30	2	8	8	19	3	...
		...	...	...	1	...	...	...	...	...	3	...	...	...	...	...	1	...	...	8		...	...	...	...	...	...
Nowgong	1,072	...	...	...	...	182	2	...	3	1	9	15	19	...	...	1	...	17	11	598	22	2	5	1	3	22	1
		...	...	...	...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Goona	404	...	...	...	...	18	8	...	...	...	7	1	7	...	...	1	...	9	3	119	7	...	...	...	3	2	...
		...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	1	...	5		...	...	...	...	...	...
Agar	264	...	...	...	...	36	...	...	...	...	5	...	8	...	...	1	...	1	7	136	5	...	...	6	1	2	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...
Sehore	633	1	...	...	1	82	15	53	...	...	4	39	10	...	...	...	...	4	19	481	16	3	2	14	...	1	...
		...	...	...	...	...	5	...	...	...	...	1	...	...	...	...	...	...	...	15		...	...	...	...	...	...
Indore	226	...	...	...	1	33	2	...	...	1	4	7	12	3	1	...	...	1	14	128	6	5	5	2	2	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...
Mhow	1,111	...	...	3	1	84	4	1	1	9	7	28	16	7	...	3	3	6	33	447	21	3	7	13	10	9	...
		...	...	...	...	1	1	1	...	1	1	...	...	1	...	...	...	...	...	23		...	...	...	...	...	...
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	12,202	18	...	9	6	4,614	88	67	10	57	241	270	287	70	3	12	27	121	406	10,118	353	59	89	166	92	243	11
		...	...	...	2	7	11	1	2	5	47	6	...	1	...	...	1	1	...	131		...	...	...	...	...	...
A.																											
Asirgarh	36	...	...	...	...	12	...	...	...	...	...	...	1	...	...	...	...	1	1	18	1	...	...	...	1	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Saugor	1,127	...	...	1	...	283	13	...	...	4	7	4	36	...	...	...	...	5	12	696	21	4	1	2	5	21	...
		...	...	...	...	1	2	...	...	...	1	...	...	...	...	...	...	...	...	6		...	...	...	...	...	...
Sutna	31	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Jubbulpore	870	...	...	...	...	348	5	...	...	...	5	18	48	2	...	1	2	10	8	1,062	25	...	...	1	7	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Kamptee	638	...	...	...	...	204	6	4	...	...	4	9	7	2	...	...	...	8	25	462	18	7	...	11	7	...	...
		...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	7		...	...	...	...	...	...
Sitabaldi	81	...	...	...	...	27	...	4	...	...	2	4	1	1	...	...	...	...	5	72	1	1	1	1	2	...	...
		...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	6		...	...	...	...	...	...
B.																											
Ellichpur	675	1	...	...	...	128	5	...	1	...	14	8	6	...	...	...	...	7	7	263	6	1	1	3	2	...	4
		...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	6		...	...	...	...	...	...
Hingoli	386	...	...	...	1	44	...	...	...	...	1	18	2	1	...	...	...	...	6	159	7	1	...	2	3	...	...
		...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	1	4		...	...	1	...	...	...
Jalna	229	...	...	...	...	27	...	1	...	2	2	4	5	...	...	1	...	1	1	68	3	1	...	...	...	1	...
		...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Aurangabad	1,665	49	...	...	...	355	1	...	...	1	9	24	48	...	...	4	1	15	51	1,029	39	5	2	25	19	16	...
		...	...	...	...	3	...	...	1	...	4	...	...	...	...	...	...	...	...	16		...	...	...	...	...	...
Ahmednagar	604	...	...	...	...	51	...	...	...	1	5	1	23	...	...	...	...	11	35	289	13	4	13	12	6	9	...
		...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	9		...	...	...	...	...	...
Mominabad	114	...	...	...	...	10	...	...	1	...	...	4	...	...	...	...	1	...	5	46	3	1	...	1	3	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Bolarum	1,658	...	...	...	...	194	4	...	3	1	11	43	68	5	...	...	1	14	37	744	26	7	...	19	11	2	5
		...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Secunderabad	3,294	...	...	...	...	270	12	12	5	4	24	45	77	2	1	11	...	64	106	1,427	68	15	21	15	55	9	...
		...	...	...	...	1	2	...	5	1	3	1	1	...	...	...	...	1	...	24		...	...	...	...	...	...
Raichur	212	1	...	...	1	17	...	...	...	1	1	3	2	...	...	...	1	7	5	78	4	1	...	3	1	...	1
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...

STATIONS AND GROUPS.	Average annual Strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus, Medinensis.	Other Entozoa.
		1. ADMISSIONS. 2. DEATHS.																									
Belgam	1,113	...	...	...	...	62	7	4	...	...	7	11	2	3	...	...	1	14	79	364	18	13	18	23	25	1	...
		...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	6		...	..	...	...	...	...
Satara	529	...	...	...	...	103	1	1	..	...	2	2	3	3	..	...	2	4	23	483	16	6	2	6	9	18	...
		...	...	...	...	...	1	...	...	...	...	...	...	...	..	...	...	...	...	4		...	...	...	...	...	...
Poona	1,945	...	...	1	..	285	8	4	5	8	8	25	41	7	...	1	...	23	85	1,053	52	8	23	25	29	9	5
		...	...	...	...	1	4	...	...	...	3	...	...	...	...	...	..	1	...	21		...	...	...	...	...	...
Kirkee	1,066	22	...	1	...	409	...	...	1	2	3	23	34	9	.	1	12	7	71	1,021	26	6	20	28	17	19	...
		...	...	...	...	...	...	...	...	..	1	1	...	...	...	...	...	...	...	6		...	...	...	...	...	...
Sirur	323	...	..	...	...	61	3	...	...	...	5	3	43	1	...	1	...	...	6	217	8	1	...	1	4	2	...
		...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	6		...	...	...	...	...	...
GROUP IX.—DECCAN	16,596	73	.	3	2	2,892	65	30	16	24	110	249	447	36	1	20	21	191	568	9,556	356	82	102	178	206	107	15
		..	...	...	2	6	9	...	7	2	28	2	3	...	...	...	...	2	1	130		...	...	1	...	...	...
Bombay	1,301	...	...	3	...	391	4	...	1	2	12	54	71	20	1	3	5	13	73	1,190	56	11	18	33	11	23	71
		...	...	...	...	1	1	...	2	1	1	1	2	1	...	...	1	...	2	21		...	...	2	...	...	..
Cannanore	666	...	...	8	...	32	...	...	1	...	4	10	10	...	...	1	...	1	20	222	10	4	2	6	8	2	...
		...	...	1	...	1	...	...	2	...	1	...	...	...	...	...	...	...	...	5		...	...	...	...	...	...
Trivandrum	80	...	...	...	...	6	...	...	...	..	1	...	3	1	...	...	...	...	2	23	1	...	...	...	2	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
GROUP X.—WESTERN COAST.	2,047	...	...	11	...	429	4	...	2	2	17	64	84	21	1	4	5	14	95	1,435	67	15	20	39	21	25	71
		...	...	1	...	2	1	...	4	1	2	1	2	1	...	...	1	...	2	26		...	...	2	...	...	...
A.																											
Bellary	1 270	...	...	...	1	121	12	175	...	2	7	6	67	5	...	1	1	36	34	775	32	7	7	4	16	13	1
		...	...	..	...	...	4	...	...	..	...	...	...	...	...	...	...	...	...	6		...	...	...	...	...	...
Bangalore	3,295	...	...	..	...	509	...	31	10	5	67	142	83	2	...	15	13	92	141	2,190	93	40	21	23	57	31	10
		...	...	...	.	1	...	...	1	2	8	...	...	...	...	1	...	1	1	35		...	...	1	...	...	...
B.																											
Trichinopoly	865	...	2	1	...	24	...	9	...	...	5	5	5	3	...	...	...	6	24	241	13	4	...	12	8	...	4
		..	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	4		...	...	...	...	...	...
Pallavaram	36	...	...	..	..	10	...	...	2	2	1	3	4	...	...	...	...	22	2	98	18	...	...	2	...	2	...
		..	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
St. Thomas' Mount	610	...	...	...	.	89	1	...	...	..	10	5	16	4	.	1	...	9	35	441	16	2	5	7	21	...	69
		...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	4		...	...	...	...	...	...
Madras	734	..	...	...	...	34	...	3	1	3	2	17	28	2	1	...	...	3	17	309	16	1	2	5	9	...	6
		...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2		...	...	...	...	...	...
C.																											
Vizianagram	359	...	...	...	...	30	1	1	...	...	...	2	8	...	...	...	...	7	34	185	11	8	10	3	13	...	...
		...	...	...	..	...	1	...	...	...	...	...	...	...	...	...	...	...	...	3		...	..	...	...	...	...
GROUP XI.—SOUTHERN INDIA.	7,170	..	2	1	1	817	14	219	13	12	92	180	211	16	1	17	14	175	287	4,239	198	62	45	56	124	46	90
		...	1	...	...	1	5	...	1	2	14	...	2	...	...	1	..	1	1	54		...	...	1	...	...	...
Maymyo	690	1	...	...	...	125	1	2	3	7	9	24	18	1	...	1	...	8	15	535	26	1	4	8	2	...	...
		...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	1	1	5		...	1	...	...	...	...
Kalanaga	30	...	...	...	...	16	1	...	...	...	2	...	8	1	...	...	...	...	1	33	1	...	...	...	1	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Kohima	203	...	...	...	...	110	...	...	1	1	5	13	9	1	...	...	...	18	10	227	11	2	1	4	3	...	...
		...	...	...	...	1	...	...	...	2	2	...	1	...	...	...	...	...	...	6		...	...	...	...	...	...
Shillong	728	1	..	...	4	278	2	...	2	3	13	9	104	42	...	1	2	17	80	773	24	25	6	20	29	...	2
		...	...	...	1	1	...	...	...	..	1	...	...	...	...	...	...	...	...	4		...	...	...	...	...	...
Gantak	186	...	...	...	...	51	1	...	...	...	3	10	14	2	...	2	...	1	5	157	6	4	...	1	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...
Almora	551	...	1	...	...	40	18	...	1	3	1	2	12	10	2	...	...	2	26	232	16	2	...	12	12	...	...
		...	1	...	...	...	...	...	..	4	...	...	...	...	...	...	...	...	1	6		...	...	1	...	...	...

NATIVE TROOPS, 1903.

TABLE XXIX—*continued.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

1. ADMISSINS. 2. DEATHS.

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Naini Tal	161	...	...	...	...	21	...	...	...	...	...	6	4	...	...	...	...	1	7	63	3	2	1	4	...	...	...
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Lansdowne	2,960	152	2	2	19	482	22	...	1	16	35	45	45	27	...	2	1	18	43	2,043	82	3	6	30	4	1	1
		...	2	...	8	1	...	...	...	6	4	1	...	...	...	...	...	...	...	30		...	...	...	...	...	...
Simla	130	...	...	...	...	9	...	...	...	...	...	2	5	...	...	...	...	2	1	32	1	...	1	...	...	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Jutogh	174	...	...	...	...	7	...	...	...	...	...	2	4	3	...	...	...	2	...	65	4	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Dharmsala	1,561	141	...	...	1	242	16	2	...	16	12	23	24	12	...	2	...	6	43	851	39	1	4	20	18	...	...
		...	...	...	...	1	1	...	...	4	...	...	...	...	...	...	...	...	...	8		...	...	...	...	...	...
Bakloh	864	...	...	...	...	77	7	...	...	234	9	15	6	1	...	5	...	17	47	604	91	5	10	11	21	...	...
		...	...	...	...	...	...	...	1	4	...	...	...	...	...	...	...	...	...	7		...	...	...	...	...	...
Murree	27	...	...	...	...	2	1	...	...	1	...	1	2	1	...	...	...	...	3	11	...	3	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1		...	...	...	...	...	...
Baragully	65	...	...	...	...	...	...	...	...	...	5	2	...	1	...	2	...	...	3	24	1	...	...	1	2	...	1
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...
Kalabagh	73	...	...	...	...	8	...	...	...	...	...	1	1	...	...	...	...	...	1	23	1	...	...	...	1	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Chitral	176	...	...	...	...	61	5	...	...	2	...	1	3	5	...	...	...	3	3	115	4	1	...	2	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Kila Drosh	752	...	...	...	4	377	13	1	1	8	10	21	32	12	...	1	7	11	15	713	32	1	3	6	5	...	...
		...	...	...	3	...	...	...	...	3	1	...	...	...	...	...	...	...	...	9		...	...	...	...	...	...
Malakand	643	2	...	...	...	73	3	...	...	...	3	14	14	...	...	...	...	3	2	214	6	...	...	1	1	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Dargai	316	...	...	1	...	58	1	...	...	...	5	4	9	...	...		...	6	2	123	4	1	...	...	1	...	...
		...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Chakdara	390	...	...	...	...	448	2	...	...	...	3	4	8	1	...	1	...	1	3	513	7	...	...	1	2	1	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...
Abbottabad	2,266	...	...	...	3	420	34	...	1	38	55	86	74	22	...	7	6	27	107	1,906	111	19	17	20	51	4	1
		...	...	...	...	3	8	...	...	6	6	...	1	...	...	...	...	...	...	31		...	...	...	...	...	...
Cherat	73	...	...	...	...	11	...	...	...	...	...	1	3	...	...	...	...	...	2	37	1	1	...	1	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Fort Lockhart	479	...	...	...	...	75	...	...	...	1	6	10	25	3	...	...	2	19	4	260	11	1	1	1	1	5	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Hangu	158	...	5	...	...	64	...	...	...	...	3	8	18	2	...	...	...	5	2	167	4	2	...	...	...	...	...
		...	4	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	5		...	...	...	...	...	...
Miran Shah	830	...	...	1	...	265	3	...	...	3	25	19	43	5	...	...	3	7	7	589	15	2	2	1	2	...	...
		...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	6		...	...	...	...	...	...
Boya	124	...	...	...	...	37	4	...	...	...	4	1	4	...	...	...	...	1	1	87	2	...	...	...	1	...	...
		...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...
Sarwekai	278	...	...	...	...	169	1	...	...	...	3	13	38	8	...	...	...	13	3	342	9	...	...	1	2	...	...
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Nagandioba	61	...	...	...	...	40	2	...	...	...	5	4	27	...	...	...	...	...	1	101	2	1	...	...	...	1	...
		...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...

1. Admissions. 2. Deaths.

Stations and Groups.	Average annual Strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.	Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Wana	684	...	.	1	...	690	8	...	1	..	52	27	129	24	1	...	1	9	9	1,142	34	2	2	5	...	2	...
		...	..	...	...	1	1	...	1	...	26	1	...	...	...	...	..	...	...	32		...	...	...	...	...	...
Mir Ali Khel	172	...	...	...	...	74	1	...	...	...	9	6	13	5	...	...	8	5	2	170	6	1	...	1	...	1	...
		...	...	...	...	1	...	...	...	...	5	...	1	...	..	...	1	1	...	15		...	..	...	...	...	...
Fort Sandeman	778	...	...	...	...	353	8	...	4	2	39	24	21	14	..	...	36	47	13	755	29	4	..	6	3	6	...
		..	...	...	...	1	...	...	...	1	17	...	1	...		...	9	1	...	31		...	...	...	...	...	...
Hindubagh	28	...	...	...	...	5	...	...	...	...	...	...	2	...	..	...	...	...	...	8	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	..	...	...	...		...	...	...	...	...	...
Musa Khel	29	...	...	..	...	10	7	...	...	...	2	3	3	...	...	...	...	1	...	29	1	...	...	..	...	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	..	...	...	.	...	...	1		...	...	...	...	...	...
Khan Mohamed Kot	65	...	...	...	...	43	4	...	...	...	1	1	5	1	...	...	...	2	...	75	2	...	..	...	...	...	...
		...	...	...	...	...	1	...	..	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...
Murgha	47	...	...	...	...	18	...	...	...	...	4	2	6	1	..	...	...	...	1	33	2	...	...	...	1	...	...
		...	...	...	...	1	...	...	..	...	1	...	...	...	...	...	..	...	...	2		...	...	...	...	...	...
Loralai	901	...	...	...	1	465	1	...	5	...	29	81	22	6	...	...	34	24	29	1,148	45	2	4	9	14	12	...
		...	...	..	...	1	1	...	3	...	8	1	1	...	...	...	1	1	...	22		...	...	...	...	...	...
Gumbaz	72	...	...	...	...	70	1	...	..	...	8	9	7	4	...	..	3	1	...	124	3	...	...	...	...	1	...
		...	...	...	...	1	1	...	..	...	3	...	...	1	...	...	...	..	...	6		...	..	...	...	...	...
Quetta	2,513	7	6	3	...	404	29	4	...	4	43	54	90	23	...	2	7	38	35	1,328	65	2	4	8	21	26	4
		...	1	...	...	...	1	...	...	1	9	...	2	...	...	...	...	1	...	22		...	...	...	...	...	...
Peshin	170	...	2	...	...	25	...	...	...	...	6	22	1	8	...	...	...	2	3	125	7	...	1	2	...	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	3		...	...	...	...	...	...
Shelabagh	35	...	...	...	...	4	2	...	...	...	4	2	5	1	...	...	...	1	...	30	1	..	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Spinwana	36	...	...	...	...	11	...	...	...	1	2	...	2	1	...	...	1	1	...	23	1	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Chaman	581	...	...	...	1	52	16	...	...	8	14	29	17	2	...	1	9	6	10	336	14	1	2	2	5	...	...
		...	...	...	...	...	1	...	...	3	1	...	...	...	...	...	...	...	...	5		...	..	...	...	...	...
Mount Abú	83	..	...	..	...	15	3	...	...	1	1	1	1	...	...	...	...	...	...	41	1	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Ootacamund	123	1	...	...	...	1	...	...	...	...	2	...	1	..	...	...	...	...	2	29	1	...	..	2	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...		...	...	...	...	...	...
Mercara	409	...	...	...	...	92	2	...	...	1	16	9	27	...	...	...	...	3	2	230	8	...	1	...	1	...	1
		...	...	...	...	...	...	...	...	..	4	...	1	...	...	...	...	...	...	5		...	...	...	...	...	...
GROUP XII.—HILL STATIONS.	21,676	305	16	8	33	5,898	219	9	20	350	448	611	906	250	3	27	120	328	543	16,466	733	89	70	180	204	61	13
		...	8	...	12	16	16	...	6	35	102	4	9	2	...	...	11	5	2	283		...	1	1	...	...	...
Marching in Bengal	2,287	...	1	...	...	66	14	...	...	1	13	13	37	10	...	1	...	7	19	299	7	2	5	6	6	...	1
		...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	10		...	...	...	...	...	...
Marching in Punjab	4,556	...	1	1	...	668	51	4	2	11	77	67	147	12	...	4	[illegible]	16	46	1,908	27	2	9	6	29	2	...
		...	1	...	...	...	...	...	1	..	4	...	...	...	...	...	...	...	...	10		...	...	...	...	...	...
Marching in Madras	886	...	21	...	...	23	...	...	...	1	2	4	6	2	...	...	...	2	5	128	3	1	...	...	4	...	...
		...	8	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9		...	...	...	...	...	...
Marching in Burma	425	..	...	...	...	4	...	...	...	...	...	1	...	1	...	...	...	...	..	17	1	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	..	...	...	..
Marching in Bombay	2,471	...	28	..	...	271	20	2	5	...	18	17	58	25	...	3	4	4	21	686	16	...	12	3	6	9	...
		...	14	...	...	3	2	...	...	...	7	1	...	...	...	...	...	...	...	31		...	...	...	...	...	...
Delhi Coronation Durbar Force.	61	...	...	...	...	44	17	...	1	1	23	20	46	1	...	...	..	...	5	187	3	2	1	1	1	...	...
		...	...	...	...	...	...	...	...	1	4	...	...	...	...	...	...	...	...	5		...	...	...	...	...	...

TABLE XXIX—*continued.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND COMMANDS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
		1. ADMISSIONS. 2. DEATHS.																									
EXTRA INDIA.																											
(*a*) In the Indian Command :—																											
Sikkim-Thibet Mission.	929	...	...	2	...	376	43	13	3	...	4	45	85	24	...	...	1	16	20	841	27	3	3	12	2	...	1
		...	...	1	...	...	5	...	..	...	...	1	2	...	...	...	...	1	...	11		...	...	...	...	...	...
Chabbar	52	5	...	...	...	61	13	...	...	...	2	2	7	2	...	...	...	8	...	113	2	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Jask	53	...	...	...	...	2	3	1	...	...	1	...	2	...	...	...	3	...	...	20	2	...	...	...	...	...	...
		...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Muscat	22	...	...	...	...	5	...	...	...	...	...	...	1	...	...	...	...	...	...	15	1	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Bushire	57	...	...	...	...	...	...	...	...	...	...	1	...	...	..	...	...	...	...	6	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Bagdad	26	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	4	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Aden	644	...	...	...	...	362	1	1	3	2	7	10	86	57	1	1	8	33	14	762	33	...	4	7	3	20	1
		...	...	...	...	1	...	...	1	...	...	...	1	2	1	...	3	...	...	1:		...	...	...	...	...	...
Khormaksar	42	...	...	...	...	9	...	...	...	...	1	1	5	1	...	1	...	1	...	33	2	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Sheikh Othman	5	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Perim	28	...	...	...	...	5	...	...	...	...	1	1	10	2	..	...	2	1	...	34	1	...	...	...	...	1	...
		...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1		...	...	...	..	...	...
Aden Column Field Force.	983	...	...	...	3	320	8	5	2	...	14	16	201	34	...	..	1	2	12	893	41	1	4	1	6	1	...
		...	...	...	...	...	...	..	...	...	6	...	2	...	...	...	...	1	...	11		...	...	...	...	...	...
(*b*) Not in the Indian Command :—																											
Mauritius	1,270	...	...	...	1	685	2	...	3	6	7	28	21	1	...	...	...	11	24	1,037	50	...	9	6	9	...	1
		...	...	...	1	6	...	...	2	1	3	...	...	...	...	...	...	...	...	21		...	...	...	...	...	...
Colombo	63	...	...	...	..	2	...	1	...	...	...	...	5	...	...	...	...	...	1	27	2	...	...	...	1	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	..	..	...	...	...
Singapore	782	...	...	...	...	56	2	...	2	3	2	3	42	5	1	...	...	21	14	336	19	2	1	4	7	...	...
		...	...	...	...	...	...	...	1	1	...	...	1	...	1	...	...	...	...	4		...	...	...	...	...	...
INDIA — *Remaining from 1902.	† 124,660	...	...	3	5	589	41	15	11	39	137	143	113	16	2	4	22	94	315	2,812	3,152	98	57	85	75	9	7
Admitted.		451	132	78	80	30,845	1,077	441	121	730	1,797	2,764	4,563	892	17	119	299	1,784	3,058	82,526		493	562	934	1,069	710	271
Died.		1	80	2	27	82	110	1	34	85	382	26	37	13	3	3	19	13	9	1,252		1	1	7	...	...	...
Died out of hospital.		...	3	...	.	...	1	...	11	...	2	...	1	...	...	...	...	...	...	63		...	...	..	...	...	...
INDIA — *Remaining from 1902.	‡ 122,545	...	...	3	5	558	41	15	8	39	136	141	111	15	2	4	22	85	310	2,716	3,082	98	55	82	75	9	
Admitted.		451	132	78	79	30,102	1,073	440	116	719	1,788	2,733	4,495	886	16	119	299	1,752	3,019	81,126		491	552	924	1,052	710	270
Died.		1	80	2	26	76	110	1	31	8:	379	26	36	13	2	3	19	13	9	1,227		1	1	7	...	...	...
Died out of hospital.		...	3	...	...	...	1	...	9	...	2	...	1	...	...	...	...	...	...	61		...	...	...	...	...	...
BENGAL	29,338	216	17	20	42	5,801	224	76	17	127	265	489	1,078	275	3	17	28	361	658	18,032	658	108	127	210	213	152	57
		1	11	...	16	23	25	...	2	24	46	7	9	1	1	...	2	1	2	241		...	.	2	...	...	...
PUNJAB	40,582	146	52	30	24	11,293	507	51	24	473	820	960	1,599	242	4	37	73	640	692	28,099	1,060	120	113	185	274	127	16
		...	40	...	7	21	46	...	8	39	179	6	6	4	...	1	1	2	1	430		1	...	...	...	...	...
MADRAS	18,679	52	23	9	3	2,078	45	236	24	23	186	363	468	30	2	34	19	303	615	9,049	395	112	90	155	258	77	101
		...	9	1	2	6	7	...	9	4	36	1	5	...	...	1	...	2	2	137		...	...	2	...	...	...
BURMA	6,502	3	4	1	1	2,158	38	31	14	24	24	168	232	29	1	7	3	118	165	4,748	165	30	30	64	41	1	2
		...	5	...	1	9	4	...	3	3	1	1	2	1	...	1	...	1	2	49		...	1	1	...	...	...
BOMBAY	25,471	34	36	16	6	8,032	191	28	31	73	452	672	786	251	6	24	174	312	852	19,277	732	115	184	296	257	352	93
		...	15	...	...	17	23	1	9	12	107	10	10	7	1	...	16	5	2	343		...	...	2	...	...	...
CHINA GARRISON	§ 1,745	56	...	3	...	101	9	2	2	36	10	32	15	2	...	...	5	25	47	520	41	6	8	4	29	...	...
		...	...	...	...	...	2	...	2	12	2	...	...	...	...	...	...	1	...	21		...	...	...	...	...	...
SOMALILAND EXPEDITIONARY FORCE	§ 3,174	...	...	...	...	604	53	...	3	2	56	112	310	81	1	10	839	8	142	3,584	177	7	10	22	103	1	...
		...	...	...	...	5	6	...	...	1	14	1	2	...	1	...	16	...	...	82		...	...	.	...	...	...

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* Remaining + admitted = total treated. Remaining + admitted + died out of hospital = total cases.
† Excluding troops in China and Somaliland, and including troops in Extra India not in the Indian Command.
‡ Excluding also troops in Extra India not in the Indian Command.
§ As far as returns have been received.

GROUPS AND COMMANDS.	1. AVERAGE STRENGTH.	2. CONSTANTLY SICK.											TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
I.—BURMA COAST AND BAY ISLANDS.	1,306	1,227	1,137	1,106	1,164	1,254	1,242	1,234	1,211	1,200	1,459	1,507	15,047
	34	28	22	25	24	31	38	33	26	24	36	36	357
II.—BURMA INLAND . .	3,982	3,765	3,962	4,235	4,116	3,786	3,950	4,141	4,217	4,317	4,678	4,448	49,597
	76	66	91	105	101	114	167	158	107	100	129	100	1,314
III.—ASSAM	1,667	1,444	1,391	1,251	1,271	1,278	1,248	1,259	1,287	1,232	1,340	1,407	16,075
	38	35	33	35	48	55	53	49	41	47	53	43	530
IV.—BENGAL AND ORISSA .	2,343	2,804	2,520	2,417	2,404	2,440	2,454	2,567	2,348	2,539	2,236	2,622	29,694
	75	78	61	60	55	43	59	77	68	65	66	57	764
V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	6,385	6,120	6,729	6,351	6,300	6,805	6,778	6,560	6,727	7,925	8,280	7,322	82,282
	93	119	123	118	149	155	146	151	145	195	191	142	1,727
VI.—UPPER SUB-HIMALAYA .	15,066	18,716	19,126	15,709	15,278	15,037	14,970	15,435	14,853	14,801	17,043	15,805	191,839
	308	333	239	227	287	297	272	317	354	460	488	347	3,929
VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA.	18,728	19,189	18,006	16,802	16,174	16,083	16,236	16,174	16,019	16,771	20,329	16,881	207,392
	583	559	424	342	321	346	327	346	370	562	1,017	702	5,899
VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	11,547	12,256	12,323	11,274	11,551	11,864	12,015	12,012	12,038	13,448	13,346	12,749	146,423
	352	358	345	298	282	257	275	299	370	462	529	413	4,240
IX.—DECCAN	16,479	18,830	18,726	16,123	15,050	14,807	14,484	15,308	15,672	17,485	18,127	18,063	199,154
	366	405	369	297	286	296	297	337	360	425	421	410	4,269
X.—WESTERN COAST . .	2,062	2,267	2,626	2,277	1,738	1,803	1,876	1,831	1,794	1,935	1,996	2,362	24,567
	62	65	63	46	48	61	67	68	67	78	91	87	803
XI.—SOUTHERN INDIA . .	5,672	7,347	7,544	7,239	7,315	6,991	7,073	6,952	6,928	7,568	7,701	7,711	86,041
	176	214	198	194	181	159	195	214	214	209	209	216	2,379
XII.—HILL STATIONS . .	20,099	22,168	22,569	23,143	21,553	21,371	21,794	21,802	22,240	21,475	21,098	20,795	260,107
	646	677	614	596	570	609	707	883	902	841	908	852	8,797
INDIA * .	127,683	137,303	132,140	120,717	116,322	115,036	114,735	115,971	117,412	127,511	134,636	136,449	1,495,915
	3,095	3,203	2,802	2,558	2,554	2,645	2,811	3,137	3,265	3,756	4,343	3,652	37,821
INDIA † . .	124,657	134,780	129,761	118,791	114,417	113,133	112,809	114,082	115,500	125,596	132,585	134,423	1,470 534
	2,996	3,089	2,680	2,459	2,489	2,601	2,761	3,097	3,212	3,707	4,295	3,594	36,980
BENGAL	30,465	32,618	30,022	27,856	26,922	27,402	27,447	27,282	27,454	30,734	32,188	31,667	352,057
	573	677	583	581	648	647	658	697	679	780	762	612	7,897
PUNJAB	41,867	46,372	43,825	39,095	37,469	37,061	36,314	36,962	37,850	41,182	43,798	45,187	486,982
	1,005	1,004	811	712	725	810	826	1,039	1,115	1,401	1,840	1,427	12,715
MADRAS	19,235	21,598	21,929	19,389	17,071	16,251	16,421	16,980	17,109	18,702	19,676	19,784	224,145
	430	464	424	376	336	319	354	386	384	413	435	422	4,743
BURMA DISTRICT . . .	6,317	6,492	6,428	6,378	6,466	6,112	6,297	6,263	6,350	6,699	7,173	7,046	78,021
	131	117	136	162	165	163	230	221	156	148	188	166	1,983
BOMBAY	25,876	27,262	25,622	23,554	23,981	24,021	24,188	24,561	24,980	26,450	27,671	27,481	305,647
	815	819	698	573	540	553	600	665	771	874	998	883	8,789

* Including troops in Extra India not in the Indian Command.

† Excluding troops in Extra India not in the Indian Command.

TABLE XXX.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS. SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

The ratios of sickness and mortality will be found in Table XXVIII.

BENGAL COMMAND.

Manipur.—The water-supply is scanty and of poor quality : this defect can only be remedied by the construction of water-works and by bringing in a supply of good and wholesome water from the neighbouring hills by a line of pipes. The site for the latrine, is unsuitable : the provision of a latrine and urinals of a better type is recommended. The General Officer Commanding the District remarks that no action need be taken at present, pending the possibility of the near removal of the garrison.

Silchar.—No defects reported.

Cawnpore.—The *Mohullas* need proper drainage and opening out by roads, but funds are not available locally for this work. The Lieutenant-General Commanding the Forces says that this matter is receiving attention. The existence of several large tanks which are breeding places for mosquitos, is objectionable. It is proposed to allot a small sum annually to fill in the tanks by degrees, and in the meantime to dress the sides and bottoms of them, so as to collect the water in as small an area as possible, and then to treat it with kerosine oil.

Dehra Dun.—The trench latrine system and the existence of a bridge across the *nullah* to the civil lines are objectionable The improved system of conservancy has not yet been introduced into this station, and it has also not yet been decided whether the cost to improve the present system will be met from the octroi, or from some other source : the decision of the command authorities is being awaited. The Lieutenant-General Commanding the Forces states that the octroi question is now being pressed on and will, it is hoped, shortly be settled.

Delhi.—No defects reported.

Agra.—No defects reported.

Sehore.—The barrack accommodation is not sufficient : when most of the men of the garrison are present, the surplus number will have to be accommodated in tents or in any available buildings. The matter is under consideration by the General Officer Commanding the District.

Kohima.—The garrison of this station at present consisting only of two companies, the question of sufficient barrack accommodation and of sanitation in general is much easier than formerly. It is recommended that the latrines be provided with a cemented flooring.

Gantak.—No sanitary report.

Lansdowne.—The distribution of water by *mussacks* is objectionable : this can only be remedied either by increasing the present establishment, or by providing mules and metal vessels. The Lieutenant-General Commanding the Forces states that a pipe water-supply is under consideration. There was overcrowding in the cantonment : a Committee has sat to select site for another battalion ; when new barracks are built, the defect will be remedied.

PUNJAB COMMAND.

Ferozepore.—The surface drainage in general is defective, as reported last year : attention is being paid to this locally, but to deal with it thoroughly a special grant would be required. An improved system of drainage would undoubtedly much improve the health of Ferozepore in years of ordinary rainfall. There are several large tanks, which on account of their insanitary condition, are hotbeds of malaria. These are being dealt with locally as far as it is possible.

Mean Meer.—The defective nature of the drainage in general is, no doubt, very largely responsible for the great prevalence of malarial fevers. A drainage scheme, on a liberal scale is required ; a special grant is needed for this purpose. The Lieutenant-General Commanding the Forces remarks that no action can be taken at present—the difficulties being very great—as the whole natural fall of the ground is very little. The cholera among the natives is attributed to the use of the canal water for bathing and drinking purposes. From the natives the disease would naturally spread to the Europeans. The water is almost certainly infected with the *enteric bacillus.* The fever-rate has been more than doubled by the introduction of the canal. The question of closing the canal altogether must be considered ; but then the canal authorities will have to make a new cut lower down for supplying water for the existing little cultivation beyond the cantonment. If the canal were abolished and the drainage extended and improved, this station would certainly become a healthy one. This question has not yet been officially reported.

Amritsar.—The drainage is defective.

Rawalpindi.—No defects reported.

Kohat.—The insanitary condition of the village of Chikkar Kote adjoining the cantonment tends to be prejudicial to the health of the station. The Deputy Commissioner was addressed on the subject : all possible actions have been taken.

Thal.—No sanitary report.

Edwardesabad.—The water channels are most insanitary :—the attention of the Commanding Royal Engineer has been directed to this.

Dera Ismail Khan.—The whole drainage of the station is very defective. The drainage of the town passes into the cantonment near the cavalry lines, and a large amount of filth is eventually deposited along the ill-made water channels. A large pool near the cavalry lines is a breeding place for mosquitoes. The drainage of the new infantry lines near the fort is defective, and in the recent rains the place was a swamp. The Commanding Royal Engineer has been requested to send in a scheme for thorough drainage of the cantonment.

Tank, Jatta, Nili Kach, Mangrota, Idak, Saidgi, Jandola.—No sanitary reports.

Murree.—No particular defects reported.

Baragully.—No defects reported.

Kila Drosh.—No sanitary report.

Abbottabad.—The following defects have been noticed :—(1) The present water-supply which is obtained from Deri, is liable to pollution at the source of the river ; it is also insufficient at certain seasons. (2) There was some overcrowding in the barracks ; an estimate for increased accommodation is under consideration. The Lieutenant-General Commanding the Forces says that the bringing in of an efficient and pure water-supply from 'Kakool' has been sanctioned, and funds provided to carry out the work this year, and that the General Officer Commanding the District has been asked to bring forward item No. 2 in his schedule of demands.

Hangu, Boya.—No sanitary reports.

Sarwekai.—No defects reported.

Nagandioba, Wana.—No sanitary reports.

MADRAS COMMAND.

Jalna.—No sanitary report.

Aurangabad.—The construction of a main drain in the *sadar* bazar is required. The Resident has been pleased to sanction the inclusion of the work in the budget estimate for 1904-05.

TABLE XXX—*concluded.*

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS.
SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

The ratios of sickness and mortality will be found in Table XXVIII.

Bangalore.—Some improvements to the present filtering arrangements for the water-supply of the civil and military station are badly needed. A project is now being prepared for substituting the 'Jewell' system of filtration for the existing sand-filters. The removal of he barracks of the 2nd Queen's Own Sappers and Miners is very desirable, on account of their close proximity to the insanitary ivil surroundings. A scheme for the removal of these lines is under discussion with the Resident, Mysore. The very defective methods of conservancy and of the disposal of the night-soil were fully commented on in last year's summary: he matter is one of great importance and demands careful consideration and early action. An application has been submitted o the Government for the institution of the trolly system. The municipality has also been asked to undertake, for a proposed monthly payment, the convervancy of some of the regiments located at the station; but no reply has yet been received.

BURMA DISTRICT.

Keng Tung.—The nature of the soil is such that water stands on the surface, and the drains, which have been cut to carry off water, do not appear to have much effect. The Lieutenant-General Commanding the Forces states that sanction has been accorded for the substitution in the Southern Shan States of military police for regular troops.

Fort Stedman.—No defects reported.

BOMBAY COMMAND.

Bikaner.—No sanitary report.

Deesa.—No defects reported.

Alirajpore.—No sanitary report.

Sirdarpore.—No defects reported.

Jhabwa.—No sanitary report.

Neemuch.—No defects reported.

Jaipur.—No sanitary report.

Mhow.—No particular defects reported.

Sitabaldi.—No defects reported.

Sirur.—No particular defects reported.

Bombay.—The removing and rebuilding of Pestonji's *chawls* for the followers are recommended: the matter is under the consideration of the Government of India.

Mirali Khel.—No sanitary report.

Fort Sandeman.—An increased accommodation both for the troops and for the followers is badly needed. The Lieutenant-General Commanding the Forces remarks that it would seem wiser to provide more accommodation when the permanent location of troops at the fort will be required.

Musa Khel, Khan Mohamed Kor Murgha.—No sanitary reports.

Loralai.—The construction of the cavalry barracks is a matter of urgent need. An estimate for this work was sanctioned two or three years ago, and has since been included every year in the schedle of demands, but no funds have been given. A shallow channel near the main road leading to the cantonment, which is at present used as a latrine and filth place, should be filled in; this item has been included in the list of minor works, but no funds have been given.

Gumbaz.—No sanitary report.

Peshin.—The water-supply is liable to contamination: as the detachment located at this station serves the purpose of a civil guard at the thana, the civil authorities should be asked, if necessary, to make proper arrangements for a good water-supply. The Lieutenant-General Commanding the Forces suggests that Peshin would probably be a good site for an artesian well.

Chabbar.—No sanitary report.

Aden.—The sanitation of a small bazaar named 'Daswin Bazaar' in the vicinity of the native infantry lines is defective so it is proposed to re-include the said bazaar in the cantonment limits. The 'camel market' is not kept as clean as is desirable, and does not contain sufficient latrine accommodation; on account of its close proximity to the cantonment limit, the sanitation of this place forms a matter of great importance. More latrines are required for the natives in the British infantry barracks: a provision has been made for the construction of movable iron latines for the *punkhal* coolies in the British infantry lines. The reservoir tank in the native regimental lines requires more careful cleaning out; it is recommended that this tank be closed, the matter is being taken in hand. A sanitary overseer is badly required to superintend the conservancy arrangements. A pipe water-supply for the garrison is recommended: a project has been framed and the matter is under consideration.

Perim.—No sanitary report.

TABLE XXXI.

INFLUENZA by months, stations, groups, and commands.

STATIONS * AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Rangoon	...	...	...	...	...	...	...	...	...	...	...	2	2
GROUP I.—BURMA COAST AND BAY ISLANDS	...	...	...	...	...	...	...	...	...	...	...	2	2
Fort Stedman	...		...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND	...	...	...	...	...	...	...	...	...	...	...	...	...
Dibrugarh	...	...	...	1	...	...	...	...	1	...	...	...	2
GROUP III.—ASSAM	...	...	...	1	...	...	...	...	1	...	...	...	2
B													
Dinapore	...	...	...	...	7	...	...	...	...	...	...	...	7
Benares	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore	...	...	...	1	1	...	...	...	...	...	...	...	2
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	...	...	...	1	8	...	...	...	...	...	...	...	9
A													
Roorkee	...	...	1	...	...	...	...	...	...	...	...	...	1
Dehra Dun	...	26	7	...	...	...	...	...	...	...	...	...	33
Umballa	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Meean Meer	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA	...	26	8	...	...	...	...	...	...	...	...	...	34
A													
Peshawar	...	...	...	...	...	...	...	...	...	...	...	...	...
Edwardesabad	...	...	...	...		...	...	...	...	...	...		...
Jatta	...	...	...	...	...	...	...	...	...	...	...	...	...
Nili Kach	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Zam	3	...	...	...	...	...	...	...	...	...	...	...	3
Mooltan	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Kajuri Kach	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA	3	...	...	...	...	...	...	...	...	...	...	...	3
B													
Jhansi	...	...	16	1	...	...	...	...	...	...	...	...	17
Sehore	...	...	...	...	...	...	1	...	...	...	...	...	1
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	...	...	16	1	...	...	1	...	...	...	...	...	18
B													
Ellichpur	...	...	...	...	1	...	...	...	...	...	...	...	1
Aurangabad	1	...	23	12	12	1	...	...	...	...	...	...	49
Raichur	1	...	...	...	...	...	...	...	...	...	...	...	1
Kirkee	9	10	3	...	...	...	...	...	...	...	...	...	22
GROUP IX.—DECCAN	11	10	26	12	13	1	...	...	...	...	...	...	73

TABLE XXXII.

CHOLERA by months, stations, groups, and commands.

STATIONS * AND GROUPS.	ADMISSIONS FROM CHOLERA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Rangoon	..	...	...	...	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Stedman	...	...	...	...	...	4	...	...	...	...	...	...	4
GROUP II.—BURMA INLAND	...	...	...	...	...	4	...	...	...	...	...	...	4
Dibrugarh	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP III.—ASSAM	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Dinapore	...	...	...	...	...	...	2	...	...	...	...	...	2
Benares	...	...	...	...	...	...	...	...	1	...	...	...	1
Fyzabad	...	...	...	...	...	...	...	1	...	...	...	...	1
Cawnpore	...	...	...	...	...	9	...	...	...	...	...	...	9
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	...	...	...	...	...	9	2	1	1	...	...	...	13
A													
Roorkee	...	...	...	...	...	...	...	...	...	...	...	...	...
Dehra Dun	...	...	...	...	...	...	...	...	...	...	...	...	...
Umballa	...	...	...	...	...	...	2	...	...	1	...	...	3
B													
Meean Meer	...	...	...	...	...	26	8	...	...	...	...	...	34
Sialkot	...	...	...	...	...	...	...	...	1	...	...	...	1
GROUP VI.—UPPER SUB-HIMALAYA	...	...	...	...	...	26	10	...	1	1	...	...	38
A													
Peshawar	...	...	...	...	...	1	...	...	...	...	...	...	1
Edwardesabad	...	...	...	...	...	...	...	1	...	1	...	...	2
Jatta	...	...	...	...	...	...	...	...	...	...	2	...	2
Nili Kach	...	...	...	...	...	...	...	...	...	...	1	...	1
Fort Zam	...	...	...	...	...	...	...	...	...	...	...	...	...
Mooltan	...	...	...	...	...	...	1	...	...	...	...	...	1
B													
Kajuri Kach	..	...	...	...	...	...	...	...	...	...	1	...	1
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA	...	...	...	...		1	1	1	...	1	4	...	8
B													
Jhansi	...	...	...	...	...	...	...	...	...	...	...	...	...
Sehore	...	...	...	...	...	...	...	...	...	...	..	...	...
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Ellichpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Aurangabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Raichur	..	...	...	...	...	...	...	...	...	...	...	...	...
Kirkee	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IX.—DECCAN	...	...	...	...	...	...	...	...	...	...	...	...	...

* Stations where neither Influenza nor Cholera occurred are not shown in these tables. For the annual ratios see Table XXVIII.

Stations, Groups, and Commands.	Admissions from Influenza in each month.													Admissions from Cholera in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
B																										
Trichinopoly	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		1	1	2
Group XI.—Southern India	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2
Maymyo	...	...	...	...	1	...	...	...	...	..	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Shillong	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Almora	...	..	..	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Lansdowne	...	92	27	19	7	...	...	...	...	7	...	...	152	...	...	...	1	...	...	..	...	1	...	...	...	2
Dharmsala	...	...	19	52	42	14	14	...	...	...	...	...	141	...	...	...	...	...	...	...	...	...	...	...	...	...
Malakand	...	...	...	...	..	2	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	..	...	...
Hangu	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	5
Quetta	...	...	...	...	...	...	..	...	...	...	..	7	7	...	...	...	...	...	...	6	...	...	...	...	...	6
Peshin	...	...	...	..	...	..	...	...	...	...	...	...	...	...	...	...	..	...	1	1	...	...	...	...	...	2
Ootacamund	...	...	..	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Group XII.—Hill Stations	...	92	46	71	50	16	14	...	...	7	...	9	305	...	...	...	1	...	1	8	...	6	...	...	..	16
Marching, Bengal	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
,, Punjab	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
,, Madras	...	...	...	...	...	.	...	...	...	...	...	...	...	21	...	...	...	...	...	...	...	...	...	...	...	21
,, Bombay	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	27	1	...	...	...	...	...	28
Extra India.																										
(*a*) In the Indian Command—																										
Chabbar	...	.....	...	5	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIA	14	128	96	91	71	17	15	...	1	7	...	11	451	21	...	...	1	...	68	22	2	8	3	6	1	132
Bengal	...	118	51	22	15	...	1	...	1	7	...	1	216	...	...	...	1	...	9	3	1	2	...	1	...	17
Punjab	3	...	19	52	42	16	14	...	...	...	...	...	146	...	...	...	...	...	27	11	1	6	3	4	...	52
Madras	2	...	23	12	13	1	...	...	...	...	...	1	52	21	...	...	...	...	...	...	...	...	...	1	1	23
Burma	...	...	...	...	1	...	...	...	...	...	...	2	3	...	...	...	...	...	4	...	...	...	...	...	...	4
Bombay	9	10	3	5	...	...	...	...	...	...	...	7	34	.	...	...	...	...	28	8	...	...	...	...	...	36

TABLE XXXIII.

ENTERIC FEVER by months, stations, groups, and commands.

Stations* and Groups.	Admissions from Enteric Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	...	...	...	...	...	...	..	...	...	...	...	...	...
Rangoon	...	...	..	...	...	...	...	...	...	...	...	...	...
Group I.—Burma Coast and Bay Islands	...	...	...	...	...	...	...	...	...	...	...	...	...
Keng Tung	...	...	...	...	...		...	...	...	...	...	...	...
Bhamo	...	...	...	...	...	...	...	...	...	1	...	...	1
Group II.—Burma Inland	...	...	...	...	...	...	...	...	...	1	...	...	1
Manipur	...	...	...	...	1	1	...	...	...	3	...	2	7
Group III.—Assam	...	...	...	...	1	1	...	...	...	3	...	2	7
Barrackpore	...	..	...	...	...	...	...	...	...	...	...	...	...
Group IV.—Bengal and Orissa	...	...	...	...	...	...	...	..	...	...	...	...	...
B													
Dinapore	1	...	...	...	...	...	...	...	...	...	...	...	1
Fyzabad	...	...	...	...	...	...	1	...	...	...	...	...	1
Group V.—Gangetic Plain and Chutia Nagpur	1	...	...	...	...	...	1	...	...	...	...	...	2
A													
Bareilly	...	...	...	...	...	...	...	1	...	...	...	...	1
Dehra Dun	2	2	1	...	...	1	...	...	...	...	...	...	6
Umballa	...	...	...	...	...	1	...	...	...	...	...	...	1
B													
Meean Meer	...	...	...	...	2	...	...	1	...	...	...	...	3
Sialkot	...	...	...	...	...	...	..	...	...	...	1	...	1
Jhelum	...	..	...	...	...	...	...	...	1	...	...	...	1
Rawalpindi	...	...	1	...	...	...	...	1	...	1	...	1	4
Group VI.—Upper Sub-Himalaya	2	2	2	...	2	2	...	3	1	1	1	1	17
A													
Peshawar	...	...	...	...	2	...	1	...	...	...	...	2	5
Edwardesabad	...	1	...	...	...	...	...	...	...	...	...	...	1
B													
Idak	...	...	...	...	...	...	...	...	...	...	...	...	...
C													
Jacobabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Kurrachee	...	..	...	...	...	...	...	1	...	...	...	...	1
Group VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana	...	1	...	...	2	...	1	1	...	...	...	2	7
A													
Deesa	...	...	...	...	...	...	...	...	...	...	1	...	1
Ahmedabad	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Agra	1	...	...	...	...	..	..	...	...	...	...	...	1
Jhansi	1	...	...	...	...	..	...	...	...	...	...	...	1
Sehore	...	...	...	...	...	1	...	...	...	...	...	...	1
Indore	...	...	...	1	...	..	...	...	...	...	...	...	1
Mhow	...	...	...	...	...	...	..	...	...	1	...	...	1
Group VIII.—South-Eastern Rajputana, Central India, and Gujarat	2	...	...	1	...	1	...	...	...	1	1	...	6

TABLE XXXIV.

SIMPLE CONTINUED FEVER by months, stations, groups, and commands.

Stations* and Groups.	Admissions from Simple Continued Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	...	...	...	...	...	...	...	...	...	...	1	...	1
Rangoon	...	...	...	...	...	1	...	1	1	1	...	2	6
Group I.—Burma Coast and Bay Islands	...	...	...	...	...	1	...	1	1	1	1	2	7
Keng Tung	...	..	...	...	22	...	...	...	...	...	...	...	2
Bhamo	...	...	...	...	...	...	...	...	...	...	...	...	...
Group II.—Burma Inland	...	...	...	...	22	...	...	...	...	...	...	...	22
Manipur	...	...	...	...	...	...	...	...	1	...	...	...	1
Group III.—Assam	...	...	...	...	...	...	...	...	1	...	...	...	1
Barrackpore	...	...	...	...	...	1	...	...	...	...	...	...	1
Group IV.—Bengal and Orissa	...	...	...	...	...	1	...	...	...	...	...	...	1
B													
Dinapore	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Group V.—Gangetic Plain and Chutia Nagpur	...	...	...	...	...	...	...	...	...	..	...	...	...
A													
Bareilly	...	...	...	...	...	...	...	...	...	...	...		...
Dehra Dun	...	...	...	3	7	2	1	...	...	...	...	...	13
Umballa	...	...	...	...	2	1	...	...	...	...	...	...	3
B													
Meean Meer	...	...	1	..	20	4	...	...	...	..	...	...	25
Sialkot	...	...	...	...	...	...	...	...	..	...	...	...	...
Jhelum	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VI.—Upper Sub-Himalaya		...	1	3	29	7	1	...	...	...	...	...	41
A													
Peshawar	...	...	...	1	...	...	1	1	...	...	...	...	3
Edwardesabad	...	...	...	...	...	...	.	...	...	...	...	...	...
B													
Idak	11	2	...	..	...	...	...	...	...	...	..	...	13
C													
Jacobabad	...	...	...	...	...	...	...	1	...	...	...	...	1
Kurrachee	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana	11	2		1	...	..	1	2	...	...	...	...	17
A													
Deesa	...	2	...	1	...	...	.	...	...	...	...	...	3
Ahmedabad	...	...	...	...	...	..	...	1	...	...	1	...	2
B													
Agra	...	...	...	...	...	...	..	...	...	...	...	...	...
Jhansi	...	...	...	...	...	1	5	1	1	...	...	...	8
Sehore	...	...	1	1	3	5	11	12	3	3	11	3	53
Indore	..	...	...	...	...	...	...	...	...	...	...	...	...
Mhow	...	...	...	...	...	...		...	...	1	...	...	1
Group VIII.—South-Eastern Rajputana, Central India, and Gujarat	...	2	1	2	3	6	10	14	4	4	12	3	67

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* Stations where neither Enteric Fever nor Simple Continued Fever occurred are not shown in these tables. For the annual ratios see Table XXVIII.

Stations, Groups, and Commands.	Admissions from Enteric Fever in each month.													Admissions from Simple Continued Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Kamptee	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	1	1	4
Sitabaldi	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	1	...	..	...	...	...	.	...	...	4
B																										
Hingoli	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Jalna	...	...	...	...		..	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Secunderabad	...	...	...	...	...	...	..	...	...	...	...	...	...	...	2	...	3	4	...	1	1	...	...	...	1	12
Raichur	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Belgam	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	4
Satara	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Poona	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2	...	4
GROUP IX.—DECCAN	1	1	...	...	...	...	...	...	..	...	...	...	2	3	5	1	4	6	2	2	2	...	...	3	2	30
A																										
Bellary	1	...	...	...	...	...	...	...	...	...	...	...	1	2	3	7	14	4	6	6	14	34	36	49	...	175
Bangalore	...	...	...	...	...	...		...	...	...	...	...	...	...	2	3	4	3	5	3	2	6	3	...	...	31
B																										
Trichinopoly	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	1	...	1	...	2	...	...	...	...	9
Madras	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	2	...	...	...	...	1	3
C																										
Vizianagram	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
GROUP XI.—SOUTHERN INDIA	1	...	...	...	...	...	...	...	...	...	...	...	1	3	9	11	19	7	12	11	18	40	39	49	1	219
Maymyo	...	...	...	...	...	...	...	...	...	...	...	...		1	1	...	...	..	...	...	...	...	...	...	..	2
Shillong	...	...	...	...	1	1	1	1	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Lansdowne	2	1	...	...	3	6	..	6	...	...	...	1	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Dharmsala	...	...	1	..	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	2
Kila Drosh	...	...	...	...	2	...	2	...	...	...	...	...	4	...	...	...	...	...	..	...	...	...	...	...	1	1
Abbottabad	...	...	...	...	1	1	...	1	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Loralai	...	...	...	...	...	...	..	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	...	...	...	...	...	...	...	...	.	...	...	...	...	2	1	...	...	1	...	...	...	...	...	...	...	4
Chaman	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Abu	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ootacamund	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mercara	...	...	...	...	...	...	...	...	.	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII.—HILL STATIONS	2	1	1	...	8	8	3	8	...	...	...	2	33	4	3	.	...	1	...	...	...	...	...	...	1	9
Marching in Punjab	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2	4
,, Bombay	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	..	1	...	...	...	...	2
Sikkim-Thibet Mission	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	3	7	...	...	...	...	13
EXTRA INDIA. (*a*) In the Indian Command.																										
Jask	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Aden	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Aden Column Field Force	...	...	...	...	1	2	...	...	...	...	...	...	3	...	...	...	...	...	5	...	...	...	...	...	...	5
EXTRA INDIA. (*b*) Not in the Indian Command.																										
Mauritius	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Colombo	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
INDIA	10	4	3	1	14	14	5	12	2	6	2	7	80	22	22	14	29	71	36	35	45 ...	46	44	65	12	441
BENGAL	7	3	1	...	5	10	2	8	...	3	...	3	42	...	...	1	4	10	9	7	13	5	3	11	3	76
PUNJAB	1	...	2	...	7	2	3	3	1	1	1	3	24	12	3	1	1	22	7	1	1	...	...	...	3	51
MADRAS	2	1	... ...	...	...	...	...	...	...	...	...	...	3	3	12	11	22	13		12	19	40	39	49	2	236
BURMA	...	...	..	...	...	...	...	...	...	1	...	...	1	1	1	...	...	22		...	1	1	1	1	2	31
BOMBAY	...	...	...	1	1	...	...	...	1	1	1	1	6	5	6	1	2	1	...	2	4	...	1	4	2	28

NATIVE TROOPS, 1903.

TABLE XXXV.

INTERMITTENT FEVER by months, stations, groups, and commands.

Stations* and Groups.	Admissions from Intermittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	21	5	9	8	6	14	6	6	1	1	...	1	78
Rangoon	22	12	14	21	13	12	54	43	19	44	38	75	367
Group I.—Burma Coast and Bay Islands	43	17	23	29	19	26	60	49	20	45	38	76	445
Thayetmyo	...	...	12	20	10	4	45	69	13	7	13	5	198
Keng Tung	10	6	6	14	17	117	203	141	87	61	104	58	824
Fort Stedman	13	7	11	15	16	28	15	7	6	29	15	9	171
Meiktila	...	...	...	2	...	1	1	2	3	2	7	1	19
Fort Dufferin	18	10	13	7	9	12	14	7	14	28	17	22	171
Bhamo	4	5	5	6	1	16	28	24	29	24	26	13	181
Myitkyina	1	8	4	1	3	3	...	...	...	...	...	...	20
Group II.—Burma Inland	46	36	51	65	56	181	306	250	152	151	182	108	1,584
Manipur	2	8	7	8	10	16	17	27	13	20	21	10	159
Sadiya	1	...	...	1	1	3	2	9	1	5	3	3	29
Dibrugarh	2	1	3	7	6	24	13	8	4	34	15	18	135
Silchar	2	1	2	...	13	14	15	12	6	7	4	5	81
Group III.—Assam	7	10	12	16	30	57	47	56	24	66	43	36	404
Fort William	16	30	17	13	10	1	21	32	28	29	13	9	219
Alipore	14	12	23	23	9	6	8	20	36	32	37	18	238
Ballygunge	1	...	...	...	...	...	...	...	...	...	...	1	2
Barrackpore	12	7	3	2	4	...	11	50	45	56	37	12	239
Buxa	...	2	12	1	2	...	...	2	6	6	5	1	37
Cuttack	13	7	17	2	...	...	...	...	5	6	31	20	101
Group IV.—Bengal and Orissa	56	58	72	41	25	7	40	104	120	129	123	61	836
A													
Doranda	...	...	11	8	3	...	4	3	12	5	9	...	55
B													
Dinapore	5	7	7	6	7	4	5	4	19	79	18	9	170
Benares	4	...	...	...	3	13	6	6	3	9	12	2	58
Allahabad	8	4	12	27	9	9	8	10	18	32	32	21	190
Fyzabad	2	11	5	12	21	7	4	6	10	18	9	4	109
Lucknow	8	...	18	10	5	7	4	4	13	22	13	3	107
Cawnpore	5	3	1	5	7	...	1	2	3	6	8	10	51
Fatehgarh	...	...	...	2	3	2	14	5	3	1	1	...	31
Group V.—Gangetic Plain and Chutia Nagpur.	32	25	54	70	58	42	46	40	81	172	102	49	771
A													
Bareilly	6	5	6	7	5	3	2	4	9	26	11	8	92
Roorkee	4	6	8	2	7	5	15	40	38	51	23	5	204
Dehra Dun	16	12	8	18	41	47	33	59	49	120	42	29	474
Meerut	6	10	2	5	15	13	7	6	16	40	18	7	145
Delhi	14	22	15	24	53	45	17	4	5	44	24	14	281
Umballa	1	1	5	7	2	3	3	5	18	56	42	8	151
B													
Ludhiana	1	...	...	...	1	...	...	...	...	...	...	...	2
Jullundur	2	3	4	10	11	14	14	16	25	53	30	18	200
Ferozepore	10	8	11	6	13	13	6	25	44	98	90	32	356
Meean Meer	25	12	16	19	14	21	8	16	61	177	95	53	517
Amritsar	2	...	...	...	4	1	1	...	...	7	3	6	24
Sialkot	16	10	10	13	16	14	16	12	22	52	96	29	306
Jhelum	16	10	6	7	4	9	9	13	12	34	23	31	174
Rawalpindi	9	6	11	26	21	13	17	61	68	179	119	32	562
Attock	2	2	1	3	5	1	...	1	...	3	3	1	22
Group VI.—Upper Sub-Himalaya	130	107	103	147	212	202	148	262	367	940	619	273	3,510

TABLE XXXVI.

REMITTENT FEVER by months, stations, groups, and commands.

Stations* and Groups.	Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	...	...	...	...	...	...	1	...	...	1	...	1	3
Rangoon	..	...	1	1	...	...	...	...	...	...	...	...	2
Group I.—Burma Coast and Bay Islands	...	...	1	1	...	...	1	...	...	1	...	1	5
Thayetmyo	...	...	...	...	...	...	...	...	...		...	...	...
Keng Tung	...	...	...	...	...	9	...	1	1	...	...	...	11
Fort Stedman	1	...	...	1	1	...	1	...	...	...	...	1	5
Meiktila	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin	...	1	3	2	1	...	1	...	2	1	2	3	16
Bhamo	...	...	...	...	...	...	...	...	...	...	...		...
Myitkyina	...	...	...	...	...	...	...	...	...	...	...	...	...
Group II.—Burma Inland	1	1	3	3	2	9	2	1	3	1	2	4	32
Manipur	...	2	...	...	1	...	...	1	5	4	1	...	14
Sadiya	...	..	...	...	...	...	...	...	...	...	...	..	...
Dibrugarh	...	...	...	3	1	...	1	...	...	...	...	...	5
Silchar	...	2	..	...	...	...	2	...	...	1	1	...	6
Group III.—Assam	...	4	...	3	2	...	3	1	5	5	2	...	25
Fort William	...	1	3	2	...	...	...	...	2	...	...	...	8
Alipore	...	...	...	...	...	...	..	...	...	...	...	...	...
Ballygunge	...	..	..	...	...	...	...	...	...	...	...	...	...
Barrackpore	...	...	...	1	...	...	...	...	...	...	...	...	1
Buxa	...	1	...	...	...	2	1	2	...	1	1	...	8
Cuttack	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IV.—Bengal and Orissa	...	2	3	3	...	2	1	2	2	1	1	...	17
A													
Doranda	...	1	1	...	...	...	...	...	...	1	...	...	3
B													
Dinapore	2	...	...	...	1	...	...	...	...	...	...	...	3
Benares	...	...	...	...	1	...	...	1	1	...	...	...	3
Allahabad	...	...	...	...	...	...	1	...	...	...	...	...	1
Fyzabad	2	...	...	1	3	...	...	1	...	...	...	...	7
Lucknow	...	...	1	1	...	...	...	...	...	1	...	...	3
Cawnpore	1	...	...	...	...	1	...	2	...	1	...	...	5
Fatehgarh	...	...	...	...	...	...	...	...	...	...	...	...	...
Group V.—Gangetic Plain and Chutia Nagpur.	5	1	2	2	5	1	1	4	1	3	...	...	25
A													
Bareilly	2	1	...	...	...	...	...	...	...	...	...	...	3
Roorkee	1	1	...	...	...	...	...	...	...	...	...	...	2
Dehra Dun	...	...	...	...	1	1	1	...	1	3	...	...	7
Meerut	3	1	...	2	1	...	...	...	1	1	6	1	16
Delhi	3	2	5	...	1	1	...	...	...	...	...	...	12
Umballa	...	...	...	...	...	...	...	6	...	1	...	...	7
B													
Ludhiana	...	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur	...	...	1	2	1	...	...	...	...	...	...	...	4
Ferozepore	2	...	2	2	3	6	4	1	1	11	14	...	46
Meean Meer	1	1	4	2	...	...	1	1	...	1	...	...	11
Amritsar	...	...	...	...	...	...	...	...	...	1	...	...	1
Sialkot	...	...	...	...	...	...	...	...	2	2	...	...	4
Jhelum	...	...	...	1	8	3	2	3	3	1	1	...	22
Rawalpindi	...	1	1	...	3	1	18	14	18	1	1	1	59
Attock	...	...	...	...	...	...	...	2	...	...	...	...	2
Group VI.—Upper Sub-Himalaya	12	7	13	9	18	12	26	27	26	22	22	2	196

* Stations where neither Intermittent Fever nor Remittent Fever occurred are not shown in these tables. For the annual ratios see Table XXVIII.

Stations and Groups.	Admissions from Intermittent Fever in each month.													Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Mardan	6	2	...	...	2	1	3	9	12	36	26	9	106	...	...	1	1	...	...	5	...	4	...	...	...	11
Nowshera	17	4	9	8	31	15	9	25	29	105	150	50	452	...	2	1	1	4	1	4	1	1	1	...	...	16
Peshawar	22	15	14	16	31	22	52	17	13	68	80	22	372	3	1	...	1	5	3	1	3	...	3	1	3	24
Fort Jamrud	..	...	...	2	4	4	...	2	2	5	3	3	25	...	...	...	1	1	...	...	1	...	...	..	...	3
Kohat	98	67	45	33	29	41	42	100	52	164	140	69	880	1	2	2	...	...	...	...	...	...	...	2	...	7
Thal	1	3	1	4	4	3	7	12	15	5	9	4	68	...	...	...		...	...	...	1	2	...	1	...	4
Edwardesabad	67	22	17	17	20	34	20	19	23	206	257	120	822	4	2	2	2	10	5	5	4	...	9	9	...	52
Jani Khel	3	...	...	1	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	..	...	...	...	...	...	...
Dera Ismail Khan	62	54	52	32	31	48	33	48	81	228	218	145	1,032	5	1	6	1	2	7	3	2	1	10	6	3	47
Tank	2	3	2	5	2	...	4	3	1	14	9	13	58	...	...	...	...	...	...	...	...	...	...	..	...	...
Jatta	2	1	...	2	6	9	8	2	3	12	3	2	50	...	...	...	...	...	...	...	...	...	...	..	...	...
Drazand	...	...	...	...	16	10	...	3	1	28	6	2	66	...	...	...	...	...	...	...	...	...	...	...	...	...
Nili Kach	3	1	2	2	2	9	...	7	4	22	14	3	69	...	...	..	...	...	...	...	...	...	2	...	...	2
Fort Zam	5	1	2	4	12	11	4	4	1	2	6	6	58	...	...	...	1	...	...	...	...	..	...	1	...	2
Mangrota	1	...	...	...	...	2	2	1	...	1	5	...	12	...	...	...	...	2	1	...	...	1	1	...	...	5
Dera Ghazi Khan	4	3	3	1	3	6	2	3	7	31	45	19	127	...	...	1	...	2	4	...	...	1	..	...	...	8
Mooltan	7	3	4	3	13	9	11	30	92	152	281	131	736	1	2	2	2	...	2	...	...	...	3	...	...	12
Bikaner	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	..	...	...	...	...	...	...	...	...	1
B																										
Idak	5	...	2	3	...	...	...	...	...	...	...	...	10	1	1	...	...	...	...	...	...	..	...	...	...	2
Kajuri	1	...	2	1	1	...	2	3	1	3	2	...	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Saidgi	5	2	5	1	...	...	1	...	...	7	2	...	23	...	...	...	1	...	...	...	...	...	...	...	...	1
Jandola	7	2	3	1	3	15	6	9	1	19	20	10	96	...	1	...	...	1	...	...	...	1	...	...	...	3
Kajuri Kach	3	...	...	...	8	18	6	4	9	24	17	7	96	...	...	...	...	1	...	...	...	...	...	...	...	1
Sibi	9	10	...	4	2	1	1	...	1	...	8	...	36	...	...	...	...	...	...	...	...	1	...	..	...	1
C																										
Jacobabad	4	...	3	...	2	2	5	3	2	20	26	6	73	1	...	...	1	...	...	...	...	...	...	...	...	2
Hyderabad	10	11	21	9	1	9	2	4	3	13	16	15	114	...	1	1	...	...	...	...	...	...	...	...	...	2
Kurrachee	35	5	1	...	5	7	5	15	30	77	94	10	284	...	1	1	2	1	...	...	2	...	...	...	...	7
Group VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana	379	209	188	149	228	276	225	323	383	1,242	1,437	646	5,685	16	14	18	14	29	23	18	14	12	29	20	9	213
A																										
Bhuj	13	5	6	7	2	1	2	11	23	57	141	130	398	...	...	2	2	1	...	...	1	..	...	..	..	6
Rajkot	17	3	4	8	...	2	6	5	9	13	20	9	96	...	...	1	...	...	...	...	...	..	...	...	...	1
Deesa	83	29	30	22	24	7	2	49	204	263	274	112	1,099	1	...	...	..	...	...	...	...	...	2	...	...	3
Ahmedabad	141	71	77	51	29	13	25	22	47	66	94	69	705	2	1	...	...	...	...	...	...	...	...	...	...	3
Baroda	19	8	6	14	11	8	4	18	31	41	32	17	209	1	...	...	..	...	...	...	...	...	...	...	...	1
B																										
Alirajpore	...	...	...	...	...	...	...	...	...	2	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Sirdarpore	6	2	3	2	5	...	2	1	4	11	5	5	46	...	...		...	...	...	...	1	1	...	1	1	4
Jhabwa	...	1	1	...	...	...	...	..	...	...	...	...	2	...	...	...	...	...	...	...	...	..	...	...	...	...
Kherwara	9	6	4	2	...	...	...	...	2	13	4	...	40	...	...	...	...	...	...	...	...	...	...	...	...	...
Kotra	...	...	1	...	..	...	...	2	3	6	4	2	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Todgarh	...	...	...	...	...	...	...	...	...	1	2	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Erinpura	10	10	6	4	5	4	9	14	24	54	41	12	193	1	...	2	1	...	...	1	...	...	5	...	...	10
Neemuch	2	4	7	2	1	7	8	13	31	68	101	55	299	...	1	...	...	...	1	..	...	...	2	...	...	4
Deoli	7	5	5	5	6	4	5	10	22	27	26	9	131	...	...	...	...	...	...	...	...	...	1	...	...	1
Beawar	...	...	...	...	...	...	...	...	...	4	2	1	7	...	...	...	...	...	...	...	...	...	..	...	...	...
Nasirabad	6	6	8	5	4	7	5	5	74	78	43	10	251	...	...	...	...	...	..	...	...	...	...	...	.	...
Ajmer	4	...	2	..	1	...	2	3	8	33	23	1	77	...	1	1	2	...	...	...	...	...	1	2	...	7
Sambhar	...	...	1	...	...	...	...	...	4	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Jaipur	...	2	...	...	...	...	...	4	4	2	6	...	18	...	1	...	...	...	...	...	...	..	...	...	...	1
Agra	2	2	2	18	44	13	2	16	24	13	41	14	191	...	1	...	2	...	...	...	1	2	6	...	2	14
Gwalior	...	...	...	...	...	...	...	...	1	3	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi	10	3	13	37	19	9	30	49	72	76	54	12	384	...	...	...	...	...	1	...	1	...	...	...	...	2
Nowgong	9	16	19	38	14	9	12	11	16	33	3	2	18	...	...	...	...	...	..	...	1	1	..	...	...	2
Goona	...	...	3	...	2	...	2	1	1	5	4	...	18	...	...	1	...	...	...	1	1	3	1	1	...	8
Agar	1	2	1	2	1	1	3	...	4	21	...	...	36	...	...	...	...	...	...	...	..	...	...	...	...	...
Sehore	14	8	3	4	3	4	8	7	4	10	14	3	82	2	1	1	2	1	2	1	1	1	1	2	...	15
Indore	3	...	5	4	6	2	1	...	3	...	5	4	33	...	...	1	...	1	...	...	...	...	..	..	...	2
Mhow	10	12	17	3	...	2	1	10	6	11	5	7	84	1	...	...	...	...	1	...	...	1	...	1	...	4
Group VIII.—South-Eastern Rajputana, Central India, and Gujarat	366	195	224	228	177	93	129	251	621	911	945	474	4,614	8	6	9	9	3	5	3	7	9	19	7	3	88

TABLE XXXV—*continued.*

INTERMITTENT FEVER by months, stations, groups, and commands.

TABLE XXXVI—*continued.*

REMITTENT FEVER by months, stations, groups, and commands.

STATIONS AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Asirgarh	...	1	...	...	...	...	...	3	2	2	2	2	12	...	...	...	...	..	...	...	...	...	...	...	...	...
Saugor	1	15	20	31	19	9	11	16	24	61	47	29	283	1	1	1	3	...	...	...	1	3	1	2	...	13
Sutna	...	...	...	...	...	...	...	...	...	1	1	...	2	...	...	.	...	...	...	...	...	...	...	...	...	...
Jubbulpore	26	11	8	13	19	9	35	37	67	69	41	13	348	1	2	...	...	...	...	1	...	...	1	...	...	5
Kamptee	10	15	41	24	18	11	8	3	9	30	24	11	204	...	4	1	1	...	...	...	...	.	..	...	...	6
Sitabaldi	3	...	...	1	2	2	2	...	2	6	5	4	27	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Ellichpur	4	9	16	13	6	4	3	8	18	21	18	8	128	1	1	3	...	...	...	...	...	..	...	...	..	5
Hingoli	10	16	14	4	...	...	...	...	...	...	...	...	44	...	...	...	...	...	...	...	...	..	...	...	...	...
Jalna	17	3	3	4	...	...	...	...	...	...	...	...	27	...	...	...	...	...	...	...	...	...	...	..	...	...
Aurangabad	12	5	16	20	21	22	45	45	33	47	62	27	355	..	...	...	...	...	...	...	...	...	...	1	...	1
Ahmednagar	7	2	5	1	1	...	6	5	5	12	4	3	51	...	...	...	...	...	...	...	...	...	...	...	...	...
Mominabad	...	5	5	...	...	...	...	...	...	...	...	...	10	...	...	...	...	...	...	...	...	..	...	...	...	...
Bolarum	12	13	7	11	10	10	12	10	15	38	35	21	194	...	...	...	...	...	...	...	...	...	2	...	2	4
Secunderabad	24	13	13	15	9	23	25	19	29	50	27	23	270	3	1	1	...	...	...	4	...	2	..	1	...	12
Raichur	4	10	2	1	...	...	...	...	...	...	.	...	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Belgam	4	2	1	5	...	4	7	8	4	17	6	4	62	...	...	...	1	1	...	5	...	...	..	...	...	7
Satara	1	2	...	7	7	6	9	10	12	18	21	10	103	...	...	1	...	...	...	...	...	...	...	...	...	1
Poona	33	39	31	18	11	13	23	23	18	29	32	15	285	...	1	...	1	...	1	1	...	1	1	1	1	8
Kirkee	17	18	32	24	26	32	33	36	34	53	52	52	409	...	...	...	...	...	...	...	...	...	...	...	...	...
Sirur	...	...	1	...	11	5	3	7	7	16	5	6	61	...	1	...	2	...	...	...	...	...	...	...	...	3
GROUP IX.—DECCAN	185	179	215	192	160	150	222	230	279	470	382	228	2,892	6	11	7	8	1	1	11	1	6	5	5	3	65
Bombay	36	15	25	9	39	55	55	40	32	30	21	34	391	...	..	2	...	1	...	...	...	...	...	...	1	4
Cannanore	4	5	3	2	2	2	...	2	2	5	4	1	32	...	...	...	...	...	...	...	...	...	...	...	...	...
Trivandrum	1	...	1	...	...	...	...	...	...	1	3	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WESTERN COAST	41	20	29	11	41	57	55	42	34	36	28	35	429	...	...	2	..	1	...	...	...	...	...	...	1	4
A																										
Bellary	12	11	9	6	13	1	3	9	5	4	14	34	121	...	...	...	...	3	...	1	1	...	1	2	4	12
Bangalore	55	41	30	44	42	63	58	38	24	44	46	24	509	...	...	...	...	...	...	...	...	...	..	...	...	...
B																										
Trichinopoly	3	...	3	1	1	2	1	...	1	1	11	...	24	...	...	...	...	...	...	...	...	...	...	...	...	...
Pallavaram	3	...	...	1	...	1	1	1	...	2	1	...	10	...	...	...	...	...	...	...	...	..	...	...	...	...
St. Thomas' Mount	11	12	19	9	6	1	12	2	1	7	5	4	89	...	1	...	...	...	...	...	...	...	...	...	...	1
Madras	11	3	1	2	...	1	2	1	1	5	4	3	34	...	...	...	...	...	...	...	...	...	...	...	...	...
C																										
Vizianagram	...	1	...	4	...	4	5	5	3	6	1	1	30	...	...	...	...	...	1	...	...	...	...	...	...	1
GROUP XI.—SOUTHERN INDIA	95	68	62	67	62	73	82	56	35	69	82	66	817	...	1	...	...	3	1	1	1	...	1	2	4	14
Maymyo	4	2	2	4	7	15	30	16	9	15	10	11	125	...	...	...	...	...	...	...	...	...	...	1	...	1
Kalanaga	...	2	...	...	1	1	3	2	2	4	1	...	16	...	...	...	...	...	...	...	...	...	...	1	...	1
Kohima	3	3	3	4	3	6	11	23	15	19	11	9	110	...	...	...	...	...	...	...	...	...	...	...	...	...
Shillong	7	16	13	7	28	30	27	25	29	25	22	49	278	2	...	...	...	...	...	...	...	...	...	...	...	2
Gantak	2	...	3	5	16	5	6	3	5	5	1	...	51	1	...	...	...	...	...	...	...	...	...	...	...	1
Almora	2	...	...	6	2	2	2	2	3	4	2	15	40	1	1	...	1	5	5	3	1	1	...	...	...	18
Naini Tal	...	...	3	...	5	1	6	1	2	3	...	...	21	...	...	...	...	...	...	...	...	...	...	...	...	...
Lansdowne	11	50	29	3	26	32	62	58	39	64	53	55	482	2	5	3	2	2	2	1	1	2	1	1	...	22
Simla	...	...	...	...	2	...	2	3	1	1	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Jutogh	...	...	...	2	...	1	1	...	...	3	...	...	7	..	...	...	...	...	...	...	...	...	...	...	...	...
Dharmsala	12	12	13	2	15	44	17	31	32	39	10	15	242	1	1	2	...	1	1	...	8	...	...	1	1	16
Bakloh	...	1	2	2	5	...	3	13	9	5	14	23	77	6	1	...	...	...	...	...	...	...	...	...	...	7
Murree	...	...	...	...	...	...	1	1	...	...	...	...	2	...	...	...	...	...	...	...	1	...	...	...	...	1
Kalabagh	...	...	...	...	1	3	3	1	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	..	..
Chitral	1	...	...	3	2	27	13	2	1	5	4	3	61	...	1	...	2	...	1	...	...	...	...	1	...	5
Kila Drosh	3	1	6	3	4	171	82	10	26	47	15	9	377	...	1	2	6	1	...	...	1	1	...	1	...	13
Malakand	10	4	6	1	1	9	4	2	16	15	5	...	73	1	...	...	...	1	...	...	1	...	...	...	...	3
Dargai	2	2	8	10	13	14	3	...	1	...	4	1	58	...	...	...	1	...	...	...	...	...	...	...	...	1
Chakdara	3	5	..	...	...	...	24	56	97	158	93	12	448	...	1	...	...	...	...	1	...	...	...	...	...	2
Abbottabad	30	33	17	22	26	38	43	49	29	44	54	35	420	1	...	5	4	6	3	3	3	3	2	3	1	34
Cherat	...	...	...	1	...	1	2	3	1	...	3	...	11	...	...	...	...	.	...	...	...	...	...	...	...	...
Fort Lockhart	6	8	8	4	5	6	10	1	6	2	15	4	75	...	...	...	...	...	...	...	...	...	...	...	...	...
Hangu	1	2	...	1	4	2	7	21	7	7	12	...	64	...	...	...	...	...	...	...	...	...	...	...	...	...

TATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
iran Shah	11	10	5	4	4	13	50	45	75	24	17	7	265	1	…	…	…	…	…	…	…	…	2	…	…	3
ya	4	1	1	…	1	…	3	11	10	5	1	…	37	3	…	…	…	…	…	…	1	…	…	…	…	4
rwekai	5	3	1	4	3	3	14	13	13	25	58	27	169	…	…	…	…	…	…	…	…	…	…	…	1	1
agandioba	3	5	3	4	2	4	6	5	3	5	…	…	40	…	…	…	…	…	…	…	…	…	1	…	1	2
'ana	24	16	8	3	2	10	138	307	94	52	16	20	690	…	…	…	1	2	…	1	1	2	…	1	…	8
ir Ali Khel	6	6	2	2	3	14	16	7	4	8	6	…	74	…	…	…	…	…	…	1	…	…	…	…	…	1
rt Sandeman	22	17	3	4	5	21	30	36	81	72	41	21	353	2	1	…	…	1	1	…	1	1	1	.	…	8
indubagh	…	…	…	…	…	…	…	..	…	4	1	…	5	…	…	…	…	…	…	…	…	…	…	…	…	…
usa Khel	1	…	…	…	…	…	1	1	3	3	1	…	10	…	…	1	…	…	…	…	2	2	2	…	..	7
han Mohamed Kot	4	2	…	…	…	2	12	7	4	9	3	…	43	…	…	…	1	…	1	1	…	…	…	1	…	4
urgha	1	1	1	1	2	…	3	6	…	1	2	…	18	…	…	…	…	…	..	…	…	…	…	…	…	…
ralai	28	22	17	12	17	22	26	55	95	26	31	14	465	…	…	…	1	…	…	…	…	…	..	…	…	1
mbaz	12	12	6	4	1	5	1	13	7	4	4	1	70	..	1	…	…	…	…	…	…	…	…	…	…	1
uetta	32	11	19	19	9	33	24	28	51	74	66	38	404	2	…	…	6	9	3	3	3	1	2	…	…	29
shin	6	5	3	9	…	…	1	…	…	1	…	…	25	…	…	…	…	..	…	…	…	…	…	…	…	…
elabagh	…	…	…	…	…	…	…	2	…	…	2	…	4	…	…	..	…	.	…	…	…	…	…	2	..	2
inwana	2	1	1	1	…	1	1	…	1	1	1	1	11	…	…	…	…	…	…	…	…	…	…	…	…	…
aman	1	3	8	9	2	…	…	4	13	7	4	1	52	…	…	…	5	…	2	…	5	…	2	2	…	16
ount Abu	…	1	1	1	1	…	1	…	…	5	4	1	15	1	2	…	…	…	..	…	…	…	…	…	…	3
tacamund	…	…	…	…	…	1	…	…	…	..	…	…	1	…	…	…	…	…	…	…	…	…	…	…	…	…
ercara	4	1	3	11	7	8	14	12	4	9	12	7	92	…	…	…	2	…	…	…	…	…	…	…	…	2
ROUP XII.—HILL STATIONS	263	258	195	168	225	545	703	875	888	800	599	379	5,898	24	15	13	32	28	19	14	29	13	13	15	4	219
arching, in Bengal	29	9	…	1	…	…	…	1	1	7	14	4	66	11	1	…	…	…	…	…	…	…	…	1	1	14
" Punjab	54	58	17	4	…	8	6	2	42	251	33	193	668	14	20	2	…	1	…	1	…	4	1	3	5	51
" Madras	12	…	…	11	…	…	…	…	…	…	…		23	…	…	…	…	…	…	…	…	…	…	…	…	…
" Burma	1	2	…	…	…	…	…	…		…	…	1	4	…	…	…	…	…	…	…	…	…	…	…	…	…
" Bombay	71	19	17	7	6	6	2	54	24	61	3	1	271	3	1	7	…	2	2	1	3	1	…	…	…	20
elhi Coronation Durbar Force.	44	…	…	…	…	…	…	…	…	…	…	…	44	17	…	…	…	…	…	…	…	…	…	…	..	17
kkim-Thibet Mission.	…	…	…	9	14	19	39	37	85	103	43	27	376	…	…	1	…	…	8	14	11	6	3	…	…	43
EXTRA INDIA.																										
) IN THE INDIAN COMMAND :—																										
habbar	3	1	…	…	2	4	14	19	14	1	1	2	61	…	…	…	…	…	…	2	2	2	…	2	5	13
sk	…	…	…	1	…	…	…	…	…	…	…	1	2	…	…	…	…	…	…	…	2	…	…	…	1	
uscat	…	…	4	…	…	…	…	…	…	…	…	1	5	…	…	…	…	…	…	…	…	…	…	…	…	…
den	16	37	26	41	66	61	23	8	7	13	23	41	362	…	…	…		…	1	…	…	…	…	…	…	1
hormaksar	…	…	1	…	2	1	1	…	…	2	1	1	9	…	…	…	…	…	…	…	…	…	..	…	…	…
eikh Othman	1	…	…	…	..	…	…	…	…	…	…	…	1	…	…	…	…	…	…	…	…	…	…	…	…	…
rim	…	1	…	…	…	…	1	1	1	1	…	..	5	…	…	…	…	…	…	…	…	…	…	…	…	…
den Column Field Force.	8	8	18	22	35	49	18	19	5	33	52	52	320	…	…	…	2	2	4	…	…	…	…	…	…	8
b) NOT IN THE INDIAN COMMAND:—																										
auritius	93	160	172	104	31	30	32	13	9	11	8	22	685	…	…	…	…	…	…	…	…	..	…	2	…	2
olombo	2	…	…	…	…	…	…	…	…	…	…	…	2	…	…	…	…	…	…	…	…	…	…	…	…	…
ngapore	6	9	4	1	2	4	2	3	8	8	2	7	56	…	…	…	…	…	…	1	…	…	…	1	…	2
INDIA	1,983	1,486	1,487	1,384	1,452	1,891	2,201	2,695	3,200	5,522	4,760	2,784	30,845	117	84	81	·6	97	88	100	105	90	104	85	40	1,077
ENGAL	258	285	297	352	436	350	427	565	651	1,071	695	414	5,801	35	24	16	20	18	15	13	15	23	24	17	4	224
UNJAB	574	396	322	297	399	700	718	1,026	1,060	2,479	2,148	1,174	11,293	45	39	34	32	55	38	49	55	45	53	46	16	507
ADRAS	203	150	146	164	117	147	188	160	140	257	249	157	2,078	4	3	4	3	4	1	10	1	2	3	4	6	45
URMA	94	57	76	98	82	222	396	315	181	211	230	196	2,158	1	1	4	4	2	9	3	1	3	2	3	5	38
OMBAY	701	421	452	337	335	370	381	557	1,061	1,349	1,333	735	8,032	15	17	22	25	16	13	10	22	11	19	12	9	191

NATIVE TROOPS, 1903.

TABLE XXXVII.

PNEUMONIA by months, stations, groups, and commands.

TABLE XXXVIII.

DYSENTERY by months, stations, groups,
commands.

Stations* and Groups.	Admissions from Pneumonia in each month.													Admissions from Dysentery in each month.											
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
Port Blair	...	..	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...
Rangoon	1	1	...	...	...	...	...	...	...	1	...	...	3	1	3	2	4	15	15	13	3	6	4	6	4
Group I.—Burma Coast and Bay Islands	1	1	...	...	...	...	...	...	...	1	...	...	3	4	4	2	4	15	15	13	3	6	4	6	4
Thayetmyo	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	7	1	...	...	2	1
Keng Tung	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...
Fort Stedman	...	...	...	2	...	...	...	...	...	...	...	...	2	...	1	...	...	...	1	1	1	1	..	...	...
Meiktila	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...
Fort Dufferin	1	1	...	...	...	2	...	...	1	...	...	1	6	1	3	2	...	3	5	2	...	1	9	3	2
Bhamo	...	...	1	1	...	...	...	...	...	...	...	...	2	2	...	1	1	...	5	20	17	13	8	6	4
Myitkyina	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	...	...	...	...	...	...	...
Group II.—Burma Inland	1	2	2	3	...	2	...	...	1	...	...	1	12	3	4	4	1	4	14	30	20	16	19	12	7
Manipur	...	2	3	...	1	1	...	...	...	...	2	...	9	...	...	3	2	9	6	4	8	4	...	...	1
Sadiya	...	1	...	...	...	...	...	...	...	...	...	...	1	1	...	2	...	1	1	...	...	...	1	...	...
Dibrugarh	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	2	2	...	1	...	...	4	5	...	...
Silchar	...	...	1	...	...	...	...	...	...	...	...	...	1	1	2	1	3	10	..	5	2	6	4	11	8
Group III.—Assam	...	3	4	...	1	1	...	...		...	2	..	11	6	2	8	7	20	8	9	10	14	10	11	9
Fort William	...	...	...	...	...	...	...	...	...	...	2	1	3	1	2	4	10	1	...	9	8	1	2	2	1
Alipore	...	...	.	1	...	...	...	...	1	..	1	5	8	7	7	5	2	5	1	3	13	7	8	1	1
Ballygung	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Barrackpore	1	2	...	...	...	...	...	...	1	1	..	...	5	2	...	...	2	3	...	3	9	1	3	6	1
Buxa	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	2	...	1	1	1	......	1	1	...
Cuttack	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1	1	...	1	...
Group IV.—Bengal and Orissa	1	2	...	1	...	...	...	...	2	1	3	6	16	12	12	10	16	9	2	16	32	10	14	11	3
A.																									
Doranda	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	4	1	2	2	2	...	2	1	...	...
B.																									
Dinapore	1	...	...	...	...	...	...	...	...	...	...	...	1	9	2	2	2	2	5	11	8	9	20	7	2
Benares	...	...	1	...	...	1	...	1	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad	2	1	1	5	1	1	1	...	...	2	...	...	14	4	4	...	3	7	4	5	8	10	12	13	11
Fyzabad	1	2	1	3	2	...	...	...	...	1	1	1	12	...	...	3	2		2	...	3	2	2	1	1
Lucknow	...	...	...	2	...	...	...	...	...	1	1	...	4	...	1	3	3	2	...	1	6	2	12	8	2
Cawnpore	2	...	3	1	1	...	...	1	...	...	...	...	8	4	...	...	3	2	...	1	...	1	2	1	3
Fatehgarh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	...	...	1	...	..
Group V.—Gangetic Plain and Chutia Nagpur	6	3	6	11	4	2	1	2	1	4	2	1	43	17	7	12	15	16	14	21	25	26	50	30	19
A.																									
Bareilly	...	...	...	...	1	...	...	...	...	...	...	1	2	1	1	4	2	...	...	...	3	2	2	5	4
Roorkee	6	...	2	1	...	1	...	1	...	...	...	2	13	...	...	3	...	...	2	...	...	2	1	9	...
Dehra Dun	4	2	...	1	1	...	1	...	1	1	...	2	13	1	1	2	5	4	3	...	5	1	...	2	2
Meerut	10	4	1	2	1	...	...	1	...	1	...	1	21	...	...	2	...	5	...	1	1	13	3	3	3
Delhi	4	2	...	1	...	...	...	...	...	...	1	4	12	2	...	3	...	2	...	...	...	...	1	3	...
Umballa	5	3	4	1	1	2	2	...	...	...	2	2	22	...	2	...	...	2	1	...	...	3	2	11	2
B.																									
Jullundur	7	4	2	...	...	...	1	...	...	...	1	9	24	...	5	1	1	7	6	4	6	7	7	5	2
Ferozepore	11	11	3	1	1	...	...	1	1	2	2	1	34	2	...	1	2	4	1	1	1	7	6	11	9
Meean Meer	13	1	4	8	4	1	2	...	1	1	4	6	45	4	...	5	3	4	1	1	3	8	12	6	5
Amritsar	...	...	1	...	...	...	...	...	...	...	1	1	3	...	...	...	...	...	1	...	...	2	...	2	..
Sialkot	11	2	2	1	1	...	...	...	1	1	...	...	19	1	1	1	2	7	1	1	6	4	4	5	2
Jhelum	3	...	3	...	...	...	...	...	...	...	2	2	10	2	1	2	...	1	4	2	3	1	5	3	1
Rawalpindi	1	6	1	2	1	1	1	1	1	...	3	5	23	2	3	3	5	4	5	3	1	5	7	9	10
Attock	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
Group VI.—Upper Sub-Himalaya	75	35	23	18	11	5	7	4	5	6	16	36	241	15	14	27	20	41	26	13	29	55	50	74	40

* Stations where neither Pneumonia nor Dysentery occurred are not shown in these tables. For the annual ratios see Table XXVIII.

STATIONS AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.													ADMISSIONS FROM DYSENTERY IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A.																										
ardan	4	5	1	...	1	...	...	1	...	...	...	3	15	...	1	...	2	...	...	1	...	4	3	3	3	17
owshera	4	1	2	1	...	...	...	...	...	...	1	16	25	1	1	...	2	5	6	4	4	5	5	8	4	45
shawar	8	7	4	4	1	1	1	...	...	1	3	8	38	2	1	3	4	7	3	4	3	4	8	13	6	58
rt Jamrud	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	3	...	...	...	1	1	...	9
hat	17	14	12	3	4	3	...	2	...	...	12	25	92	9	3	2	11	7	9	7	5	13	19	22	30	137
al	...	1	...	...	...	...	...	1	...	...	...	1	3	2	7	2	...	2	...	...	1	2	1	1	1	19
tammar	...	...	..	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	1
lwardesabad	25	10	2	2	...	3	1	2	...	1	4	10	60	6	3	...	6	6	7	2	8	4	10	11	17	80
ni Khel	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
ra Ismail Khan	15	13	8	1	1	...	...	1	1	1	14	12	67	6	4	4	11	6	4	6	11	18	43	35	13	161
nk	1	1	1	...	...	...	...	1	...	...	...	...	4	...	...	...	...	...	...	...	...	...	2	...	...	2
tta	...	...	...	1	...	...	...	...	...	...	1	...	2	...	...	...	1	1	1	...	...	1	...	...	1	5
azand	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	2	1	5
li-Kach	...	...	...	...	...	...	1	...	...	1	...	...	2	...	1	2	...	1	...	3	2	1	...	3	1	14
rt Zam	2	...	1	...	...	...	...	...	...	...	...	...	3	1	...	1	...	1	...	1	1	...	...	...	...	5
angrota	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	1
a Ghazi Khan	4	2	1	...	...	...	...	...	...	...	...	5	12	...	...	1	...	1	...	2	...	...	2	2	5	13
oltan	3	1	2	1	...	1	...	...	...	2	5	3	18	2	1	1	...	4	...	2	...	3	5	7	4	29
kaner	...	1	...	...	...	...	...	...	...	...	..	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1
B.																										
ak	10	...	3	1	...	...	...	...	...	...	...	...	14	...	...	...	1	...	...	...	...	...	...	...	...	1
ajuri	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
idgi	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	1	4	...	...	...	2	2	...	...	...	9
ndola	...	2	...	...	...	...	...	...	...	1	...	...	3	1	...	...	...	3	3	8	3	1	5	3	5	32
ajuri Kach	...	...	1	...	...	...	...	...	1	...	...	...	2	...	1	...	...	3	1	5	5	2	9	14	3	43
bi	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...	1	2	2	...	...	1	...	...	7
C.																										
cobabad	2	4	2	1	...	...	...	...	...	...	1	...	10	1	1	...	1	...	...	...	1	2	...	6	3	15
yderabad	3	...	1	...	...	...	...	...	...	...	1	...	5	4	...	...	1	2	...	...	...	4	...	...	...	11
urrachee	7	1	...	...	...	1	...	...	...	...	1	1	11	2	...	...	...	...	1	3	1	1	3	5	...	16
ROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA	105	64	41	15	8	9	3	8	2	7	43	86	391	38	24	19	49	50	41	50	48	67	118	137	97	738
A.																										
uj	...	...	1	...	...	...	...	...	...	2	6	1	10	2	...	...	...	..	...	...	2	1	2	...	...	7
ajkot	1	1	1	1	...	...	...	...	...	1	1	...	6	...	1	...	1	...	1	...	...	...	1	...	...	4
eesa	...	1	2	4	3	...	2	1	...	...	2	1	16	...	1	1	2	...	...	1	7	4	1	8	2	27
hmedabad	1	4	2	1	...	...	...	1	...	1	...	2	12	2	...	...	...	1	...	...	2	...	1	3	5	14
aroda	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	4	...	4	5	3	3	1	22
B.																										
lirajpore	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
rdarpore	3	...	...	...	8	...	1	1	2	1	1	...	17	...	...	...	...	...	...	...	...	...	...	...	...	...
abwa	...	...	...	1	...	...	..	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
herwara	2	5	2	2	...	...	1	...	...	3	2	2	19	...	...	...	...	...	...	...	...	...	...	...	1	1
otra	...	...	...	1	1	1	...	...	...	...	...	...	3	...	...	...	1	...	...	...	1	...	...	...	...	2
daipur	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
odgarh	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	1	1	...	...	3
rinpura	2	5	5	3	3	...	...	...	...	2	1	6	27	1	...	...	...	...	...	1	1	3	1	1	...	8
eemuch	...	...	3	...	...	...	...	1	...	2	1	1	8	...	...	...	1	1	...	...	1	1	...	...	1	5
eoli	3	1	5	3	2	...	...	1	1	...	1	6	23	...	...	1	...	...	...	5	3	3	...	...	1	13
eawar	...	...	...	...	...	...	1	..	...	...	...	...	1	...	...	...	..	...	...	...	...	...	...	...	...	...
asirabad	2	1	...	1	...	...	...	...	...	...	3	...	7	...	...	...	...	1	...	...	2	3	...	2	2	10
jmer	...	4	5	...	1	...	...	2	...	...	3	5	20	...	...	...	...	...	...	...	...	...	...	...	...	...
ambhar	...	...	...	...	...	...	...	...	1	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
aipur	...	1	...	..	1	...	...	...	...	...	2	1	5	...	...	...	...	...	...	1	...	1	1	...	1	4
gra	2	...	...	3	2	...	1	2	2	...	1	...	13	...	...	...	...	1	1	...	3	2	11	3	3	24
walior	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
ansi	2	...	2	1	1	...	1	1	2	1	...	1	12	...	1	...	4	...	1	2	21	20	8	9	4	70
owgong	2	2	...	1	...	1	...	...	1	2	...	...	9	...	...	1	1	3	...	1	8	5	...	...	...	19
oona	...	2	...	1	..	...	...	...	...	...	1	3	7	...	1	...	...	...	...	1	1	...	3	...	1	7
gar	1	...	2	1	...	1	...	...	...	...	...	...	5	1	...	...	...	...	1	3	1	1	1	...	..	8
ehore	1	2	...	1	...	...	...	...	...	...	...	...	4	1	1	...	...	...	...	3	...	..	1	2	2	10
ndore	...	2	2	...	...	...	...	...	...	...	...	...	4	1	1	1	1	...	2	4	1	...	...	1	...	12
lhow	...	...	5	...	...	...	1	...	...	1	...	...	7	2	...	...	2	...	.	3	2	1	2	2	2	16
ROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	23	31	37	26	22	3	8	10	9	16	27	29	241	10	7	4	13	9	10	25	60	51	38	34	26	287
A.																										
sirgarh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
augor	...	1	2	2	1	1	...	...	...	...	...	...	7	1	1	1	1	2	1	8	6	7	4	1	3	36
ubbulpore	...	...	...	2	...	...	...	1	1	1	...	...	5	2	1	...	6	4	2	8	8	6	3	4	4	48
amptee	1	...	...	...	...	...	...	...	...	1	1	1	4	...	...	2	...	...	1	2	...	...	2	...	...	7
itabaldi	...	...	...	...	...	...	...	...	...	...	2	...	2	1	...	...	...	...	...	...	..	...	...	...	...	1

TABLE XXXVII—*continued.*

PNEUMONIA by months, stations, groups, and commands.

TABLE XXXVIII—*continued.*

DYSENTERY by months, stations, groups, and commands.

Stations and Groups.	Admissions from Pneumonia in each month.												
	January.	February.	March	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
B													
Ellichpur	2	2	4	4	...	...	...	...	1	...	1	...	14
Hingoli	...	1	...	...	...	...	...	...	...	...	...	...	1
Jalna	...	...	2	...	...	...	...	...	...	...	...	...	2
Aurangabad	2	...	2	...	...	1	1	...	...	...	1	2	9
Ahmednagar	3	..	...	...	...	...	..	...	...	1	1	...	5
Bolarum	1	...	1	...	5	1	...	1	...	...	...	2	11
Secunderabad	2	1	4	7	1	1	2	1	1	2	...	2	24
Raichur	1	...	...	...	...	...	...	...	...	...	...	...	1
Belgam	1	4	2	...	...	...	...	...	...	...	...	...	7
Satara	...	...	..	...	1	...	...	...	...	...	...	1	2
Poona	..	1	1	3	...	1	...	1	...	1	...	...	8
Kirkee	...	...	...	...	..	...	...	...	...	..	1	2	3
Sirur	...	...	...	...	...	1	...	2	...	...	2	...	5
GROUP IX.—DECCAN	13	10	18	18	8	6	3	6	3	6	9	10	110
Bombay	3	2	2	...	1	2	...	...	...	...	1	1	12
Cannanore	1	1	1	...	...	...	1	...	...	...	...	...	4
Trivandrum	...	...	...	...	...	...	...	...	...	1	...	..	1
GROUP X.—WESTERN COAST	4	3	3	...	1	2	1	...	...	1	1	1	17
A													
Bellary	1	2	1	2	...	1	...	...	...	...	...	...	7
Bangalore	3	6	14	10	5	4	8	1	7	1	5	3	67
B													
Trichinopoly	...	...	...	1	...	...	1	...	...	2	1	...	5
Pallavaram	...	...	...	...	1	...	...	...	...	...	...	...	1
St. Thomas' Mount	1	1	1	2	...	3	...	...	...	...	...	2	10
Madras	...	...	...	...	1	1	...	...	...	...	...	...	2
C													
Vizianagram	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XI.—SOUTHERN INDIA	5	9	16	15	7	9	9	1	7	3	6	5	92
Maymyo	...	...	2	1	1	...	...	1	...	1	1	2	9
Kalanaga	...	...	...	...	...	...	...	...	...	...	2	...	2
Kohima	2	1	...	...	...	...	...		...	1	...	1	5
Shillong	6	1	3	1	...	...	...	...	...	...	1	1	13
Gantak	...	1	...	2	...	...	...	...	...	...	...	...	3
Almora	...	...	...	1	...	...	...	...	...	...	...	...	1
Naini Tal	...	...	...	...	...	...	...	...	...	...	...	...	...
Lansdowne	3	6	4	7	2	3	5	1	...	1	1	2	35
Simla	...	...	...	...	...	...	...	...	...	...	...	...	...
Jutogh	...	...	...	...	...	...	...	...	...	...	...	...	...
Dharmsala	...	...	2	1	...	...	2	...	..	...	2	5	12
Bakloh	3	1	1	...	...	...	...	1	3	...	...	...	9
Murree	...	...	...	...	...	...	...	...	...	...	...	...	...
Baragully	...	...	...	...	...	1	1	2	...	1	...	...	5
Kalabagh	...	...	...	...	...	...	...	...	...	..	...	...	...
Chitral	...	...	...	...	...	...	...	...	...	...	...	...	...
Kila Drosh	3	...	...	...	...	...	...	...	...	2	5	...	10
Malakand	1	...	...	...	1	...	...	1	...	...	...	...	3
Dargai	...	...	2	...	...	...	...	...	...	2	1	...	5
Chakdara	...	...	...	...	...	...	..	...	...	...	3	...	3
Abbottabad	1	...	5	9	3	2	5	5	...	4	3	18	55
Cherat	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Lockhart	1	1	1	1	...	...	1	...	...	1	...	...	6
Hangu	...	1	...	...	...	...	...	...	...	...	...	2	3
Miran Shah	7	5	6	2	2	...	...	...	...	...	1	2	25
Boya	1	2	1	...	...	..	...	...	...	...	...	...	4
Sarwekai	2	...	...	...	...	...	...	...	1	...	...	...	3
Nagandioba	...	...	...	...	...	...	...	...	2	...	2	1	... 5
Wana	6	16	6	4	...	2	1	1	3	2	2	9	52
Mir Ali Khel	...	2	...	...	...	...	...	...	...	2	4	1	9
Fort Sandeman	2	13	1	...	1	1	...	1	1	2	4	13	39
Hindubagh	...	...	...	...	..	...	...	...	...	...	...	...	...
Musa Khel	...	1	...	...	...	...	...	...	1	...	...	...	2
Khan Mohamed Kot	...	1	...	...	...	...	...	...	...	...	...	...	1

Stations and Groups.	Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
B													
Ellichpur	...	...	1	1	1	...	...	3	...	...	...	...	
Hingoli	...	...	2	...	...	...	...	...	...	...	...	...	
Jalna	2	3	...	...	...	...	...	...	...	...	...	...	
Aurangabad	2	2	5	5	3	6	9	10	2	3	1	...	4
Ahmednagar	...	...	...	...	...	3	12	4	1	2	1	...	2
Bolarum	...	1	...	2	1	12	19	20	8	4	...	1	6
Secunderabad	...	3	2	2	4	6	7	28	11	9	5	...	7
Raichur	2	...	...	...	...	...	...	...	...	...	...	...	
Belgam	2	...	...	...	...	...	...	...	...	...	...	...	
Satara	...	...	...	...	...	...	...	...	...	2	1	...	
Poona	...	1	2	2	2	3	8	5	12	3	1	2	4
Kirkee	2	...	3	1	...	1	...	5	8	4	5	5	3
Sirur	...	...	...	...	...	3	2	9	6	11	7	5	4
GROUP IX.—DECCAN	14	12	18	20	17	38	75	98	161	48	26	20	44
Bombay	7	4	3	1	5	5	9	8	9	5	5	10	7
Cannanore	1	-	...	1	...	2	2	...	1	...	2	1	1
Trivandrum	1	...	...	...	...	2	...	...	...	...	...	...	
GROUP X.—WESTERN COAST	9	4	3	2	5	9	11	8	10	5	7	11	84
A													
Bellary	2	5	1	...	1	8	14	15	5	5	4	7	67
Bangalore	23	10	1	1	...	8	8	5	4	5	13	5	8
B													
Trichinopoly	...	...	1	...	...	...	...	1	1	1	...	1	
Pallavaram	...	...	...	2	1	...	...	...	...	1	...	...	
St. Thomas' Mount	...	...	3	1	1	1	1	3	2	2	2	...	1
Madras	5	1	2	1	...	1	2	3	1	8	2	2	2
C													
Vizianagram	...	1	...	...	...	...	1	3	2	1	...	...	
GROUP XI.—SOUTHERN INDIA	30	17	8	5	3	18	26	30	15	23	21	15	21
Maymyo	...	...	1	...	3	6	5	2	...	...	...	1	18
Kalanaga	...	1	1	1	1	1	...	...	...	...	2	1	8
Kohima	2	1	1	...	...	...	1	2	1	...	...	1	9
Shillong	3	3	2	6	27	11	3	5	...	4	22	18	104
Gantak	...	2	1	...	3	4	4	...	...	...	...	...	14
Almora	...	1	1	...	3	1	2	3	1	...	...	..	12
Naini Tal	2	...	...	...	...	1	1	...	...	...	...	...	4
Lansdowne	1	...	1	6	13	3	3	4	6	5	1	2	45
Simla	...	...	...	1	1	1	...	2	...	...	...	...	5
Jutogh	...	...	...	...	2	1	...	...	1	...	...	...	4
Dharmsala	...	...	...	1	2	6	1	2	1	7	2	2	24
Bakloh	...	...	...	1	1	1	2	...	...	...	...	1	6
Murree	...	...	...	...	...	...	1	...	1	...	...	...	2
Baragully	...	...	...	..	...	...	...	...	...	...	...	...	...
Kalabagh	...	...	...	...	1	...		...	...	...	...	...	1
Chitral	...	...	...	1	...	...	...	...	...	2	...	...	3
Kila Drosh	...	1	...	...	...	1	...	...	1	16	11	2	32
Malakand	...	...	...	...	3	4	2	2	...	2	1	...	14
Dargai	2	...	1	...	...	1	2	...	1	...	2	...	9
Chakdara	...	1	...	...	...	...	2	...	...	3	2	...	8
Abbottabad	2	5	6	1	1	9	13	12	2	7	10	6	74
Cherat	...	..	...	...	...	...	1	1	1	...	...	...	3
Fort Lockhart	1	3	2	1	...	...	4	5	4	1	3	1	25
Hangu	...	1	1	1	...	...	1	1	2	2	6	3	18
Miran Shah	...	...	...	...	1	2	5	8	8	6	8	5	43
Boya	1	...	...	...	...	...	...	1	2	...	...	...	4
Sarwekai	2	1	...	2	1	...	5	6	2	4	13	2	38
Nagandioba	2	...	1	...	...	6	2	5	4	3	3	1	27
Wana	4	...	5	1	5	4	22	33	32	8	12	3	129
Mir Ali Khel	2	...	...	...	...	...	2	2	1	5	1	...	13
Fort Sandeman	2	...	1	...	...	...	2	2	6	4	2	2	21
Hindubagh	2	...	...	...	...	...	...	...	...	...	1	1	2
Musa Khel	...	...	...	...	...	1	...	...	1	...	...	1	3
Khan Mohamed Kot	...	...	...	1	...	2	...	...	...	1	...	...	5

Stations, Groups, and Commands.	Admissions from Pneumonia in each month.													Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Murgha	...	1	...	1	...	1	...	...	1	...	...	...	4	1	...	...	...	...	...	2	2	1	...	...	...	6
Loralai	1	12	4	4	...	...	...	...	...	...	6	2	29	2	1	3	...	...	...	3	...	4	4	5	...	22
Gumbaz	3	1	2	1	...	...	...	...	...	...	...	1	8	...	...	...	1	1	2	...	...	1	1	1	...	7
Quetta	9	4	7	3	4	...	...	...	3	6	6	1	43	3	1	3	...	...	3	11	26	9	16	15	3	90
Peshin	2	1	1	2	...	...	...	...	...	...	...	...	6	...	...	...	1	...	...	...	...	...	...	...	...	1
Shelabagh	1	...	...	...	...	...	...	...	...	...	...	3	4	...	...	1	...	...	1	1	...	1	1	...	...	5
Spinwana	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	1	...	1	...	...	...	...	...	...	2
Chaman	1	...	1	2	4	1	...	1	1	...	...	3	14	2	..	2	1	...	5	2	...	2	1	1	1	17
Mount Abu	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	..	...	1	...	...	1
Ootacamund	...	...	...	...	1	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	1	...	1
Mercara	1	2	1	...	1	1	3	2	...	1	2	2	16	...	...	4	8	2	...	2	3	1	3	3	1	27
Group XII.—Hill Stations	56	73	50	42	20	12	19	16	16	27	46	71	448	35	22	38	36	71	78	107	129	97	107	128	58	906
Marching, Bengal	8	1	...	...	1	...	...	...	...	...	1	2	13	6	1	...	...	1	...	...	...	4	4	17	4	37
,, Punjab	13	13	15	...	...	...	...	...	1	2	2	31	77	18	11	4	...	1	5	4	4	12	34	10	44	147
,, Madras	1	...	...	1	...	...	...	...	...	...	...	...	2	5	...	...	...	1	...	...	...	...	...	...	...	6
,, Bombay	3	5	4	1	...	...	...	1	...	2	1	1	18	13	3	6	...	9	...	3	8	4	7	3	2	58
Delhi Coronation Durbar Force	23	...	...	...	...	...	...	...	...	...	...	...	23	46	...	...	...	...	...	...	...	...	...	...	...	46
Sikkim Thibet Mission	...	...	...	2	1	...	...	...	...	...	...	1	4	...	...	...	12	20	9	15	8	6	2	2	11	85
Extra India.																										
(*a*) In the Indian Command:—																										
Chabbar	...	...	...	...	...	...	...	...	...	...	1	1	2	2	1	...	...	...	...	1	...	...	1	1	1	7
Jask	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	1	2
Muscat	...	...	...		...	...	...	...	..	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Aden	...	2	1	2	...	...	...	1	1	...	...	.	7	9	11	4	4	3	5	3	6	3	7	11	20	86
Khormaksar	...	...	1	...	...	..	...	...	...	...	...	...	1	...	1	...	1	...	...	1	...	1	1	...	...	5
Perim	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	1	...	...	2	5	...	...	1	10
Aden Column Field Force	...	1	4	...	...	1	1	...	3	1	1	2	14	12	7	31	35	20	20	11	12	27	3	5	18	201
(*b*) Not in the Indian Command:—																										
Mauritius	1	1	...	1	...	...	1	...	...	...	1	2	7	1	2	1	3	...	2	...	1	1	5	3	2	21
Colombo	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	5
Singapore	...	..	...	...	...	1	...	...	...	...	...	1	2	2	3	...	3	5	1	2	1	6	2	4	13	42
INDIA	339	259	225	156	84	53	53	49	52	77	162	283	1,797	314	169	199	246	321	315	436	534	497	552	554	426	4,563
Bengal	58	33	26	40	15	10	9	9	10	13	15	27	265	58	37	53	70	114	56	87	138	121	126	135	83	1,078
Punjab	182	124	97	44	22	17	19	20	16	25	76	178	820	74	58	51	70	96	100	124	147	171	252	261	195	1,599
Madras	17	20	33	27	15	13	16	5	9	8	10	13	186	45	26	22	24	15	46	65	94	38	42	33	18	468
Burma	2	3	4	4	1	2	...	1	1	2	1	3	24	7	8	7	5	22	35	48	25	22	23	18	12	232
Bombay	56	77	61	38	30	9	7	14	13	28	58	61	452	64	28	34	24	29	46	84	108	105	97	93	74	786

M

III.—PRISONERS, 1903.

TABLE K.

JAILS by ADMINISTRATIONS.

Jails.	Height above the sea-level in feet.*	Authority for height.†
Andamans :—		
Port Blair Convict Settlement	85	S. G.
Burma :—		
Mergui	14	S. G.
Tavoy	69	,,
Moulmein	288	,,
Shwegyin	128	,,
Toungoo	156	,,
Rangoon Central, Europeans	14	,,
,, ,, Natives		
Maubin	...	...
Myaungmyo	...	...
Bassein Central	40	S. G.
Insein ,,	34	,,
Henzada	44	,,
Myanaung	74	,,
Sandoway	...	...
Kyaukpyu	...	...
Akyab	32	S. G.
Paungdi	...	...
Prome	...	...
Thayetmyo Central	145	S. G.
Taungdwingyi	492	,,
Magwe	...	...
Minbu	...	...
Yamethin	653	S. G.
Meiktila	298	,,
Pagan	...	...
Pakôkku	...	...
Myingyan Central	243	S. G.
Mandalay ,,	249	,,
Monywa	...	...
Shwebo	600	M. O.
Bhamo	351	S. G.
Katha	329	,,
Kindat	361	,,
Assam :—		
Cachar (Silchar)	104	M. D.
Sibsagar	318	S. G.
Dibrugarh	342	,,
Tezpur	292	,,
Gauhati	134	I. B.
Sylhet	257	M. D.
Shillong	4,987	S. G.
Bengal :—		
Mymensingh	59	M. D.
Dacca Central	20	,,
Tippera (Comilla)	36	,,
Chittagong	87	,,
Noakhali	43	,,
Backergunge (Barisal)	13	,,
Khulna	...	...
Jessore	33	M. D.
Baraset	...	...
Presidency Central, Europeans	17	S. G.
,, ,, Natives		
Alipore ,,	21	I. B.
Hooghly	34	S. G.
Burdwan	97	,,
Krishnagar (Nadia)	32	,,
Faridpur	46	M. D.
Pubna	...	...
Murshidabad (Berhampore)	67	M. D.
Rajshahi Central (Rampur Boalia)	70	,,
Bogra	61	,,
Malda	72	,,
Dinajpur	123	,,
Rangpur	123	,,
Jalpaiguri	284	,,
Purneah	120	S. G.
Naya Dumka	489	M. D.
Suri (Birbhum)	...	...
Bankura	298	M. D.
Midnapore Central	149	,,
Balasore	59	S. G.
Cuttack	74	,,
Puri	17	,,
Angul	...	...
Chaibassa (Singhbhum)	745	S. G.
Purulia (Manbhum)	...	...
Ranchi (Lohardaga)	2,128	S. G.
Palamau (Daltongunge)	...	...
Hazaribagh Central	1,997	S. G.
Gaya	375	M. D.
Bhagalpur Central	147	S. G.
Monghyr	148	,,
Darbhanga	167	,,
Champarun (Motihari)	217	,,
Muzaffarpur	179	,,
Patna (Bankipore)	177	,,
Bengal :—*contd.*		
Arrah (Shahabad)	191	S. G.
Chapra (Saran)	181	M. D.
Buxar Central	204	S. G.
Darjeeling	7,168	,,
United Provinces of Agra and Oudh(*a*) :—		
Korantadih (Ballia)	...	...
Ghazipur	227	S. G.
Azamgarh	256	,,
Kasia	...	...
Gorakhpur	255	S. G.
Basti	292	,,
Fyzabad	336	,,
Sultanpur	305	I. B.
Rai Bareli	351	S. G.
Partabgarh	311	,,
Jaunpur	263	,,
Benares Central	256	,,
,, District		
Mirzapur	283	,,
Allahabad Central	298	,,
,, District		
Karwi	...	...
Banda	415	S. G.
Fatehpur	373	,,
Hamirpur	367	,,
Orai (Jalaun)	...	...
Cawnpore	417	S. G.
Unao	412	,,
Lucknow Central	400	,,
,, District		
Barabanki	378	,,
Gonda	...	...
Bahraich	398	S. G.
Kheri	471	,,
Sitapur	449	,,
Hardoi	462	,,
Etawah	498	,,
Mainpuri	511	,,
Etah	550	,,
Fatehgarh Central	444	I. B.
,, District		
Shahjahanpur	507	S. G.
Pilibhit	...	...
Bareilly Central	560	S. G.
,, District		
Budaon	544	,,
Aligarh	610	,,
Bulandshahr	727	,,
Moradabad	655	,,
Bijnor	772	,,
Dehra Dun	2,229	,,
Saharanpur	903	,,
Muzaffarnagar	790	,,
Meerut	739	,,
Muttra	576	,,
Agra Central	554	,,
,, District		
Jhansi	860	,,
Lalitpur	...	...
Almora	5,494	S. G.
Pauri	...	...
Punjab :—		
Delhi	715	S. G.
Rohtak	712	,,
Hissar	689	I. B.
Karnal	809	S. G.
Umballa	902	,,
Ludhiana	806	,,
Hoshiarpur	1,058	,,
Jullundur	900	,,
Ferozepore	645	,,
Amritsar	756	,,
Lahore Central	706	,,
,, District		
,, Female		
Gurdaspur	...	...
Gujranwala	...	...
Sialkot	829	S. G.
Gujrat	...	...
Mung Rasul Central	...	...
Jhelum	827	S. G.
Rawalpindi	1,707	,,
Shahpur	644	,,
Mianwali	...	...
Lyallpur	...	...
Jhang	...	...
Montgomery Central	600	I. B.
Mooltan Central	402	S. G.
,, District		
Dera Ghazi Khan	395	,,
Simla	7,230	,,
Dharmsala	6,111	,,
N.-W. F. Province :—		
Peshawar	1,165	S. G.
Kohat	1,768	,,
Bannu	1,279	,,
Dera Ismail Khan	571	,,
Abbottabad	4,152	,,
Baluchistan :—		
Quetta	5,511	S. G.
Bombay :—		
Shikarpur	194	S. G.
Sind Gang	...	...
Hyderabad Central	134	I. B.
Kurrachee	28	S. G.
Rajkot	417	,,
Ahmedabad Central	170	,,
Dhulia	842	,,
Yerrowda Central (Poona)	1,951	I. B.
Bijapur	1,998	S. G.
Deccan Gang	...	...
Dharwar	2,385	S. G.
Thana	24	,,
Bombay Common	20	,,
,, House of Correction		
Ratnagiri	110	M. D.
Karwar	12	S. G.
Aden	26	,,
Rajputana :—		
Ajmer	1,627	S. G.
Central Provinces :—		
Damoh	1,236	S. G.
Saugor	1,753	,,
Jubbulpore Central	1,306	,,
Narsinghpur	1,305	I. B.
Mandla	1,487	S. G.
Bilaspur	884	,,
Sambalpur	490	,,
Raipur Central	975	,,
Balaghat (Burha)	...	...
Seoni	2,043	S. G.
Chhindwara	2,236	,,
Hoshangabad	1,030	,,
Nimar (Khandwa)	1,042	I. B.
Betul	2,189	S. G.
Nagpur Central	1,025	,,
Bhandara	861	,,
Wardha	935	,,
Chanda	658	,,
Sironcha	406	,,
Yeotmahl	1,476	,,
Amraoti Central	1,194	,,
Ellichpur	1,218	,,
Akola Central	920	,,
Basim	1,842	,,
Buldana	2,132	M. D
Hyderabad Residency Jail :—		
Secunderabad	1,732	S. G.
Madras :—		
Mangalore	42	S. G.
Cannanore Central	47	,,
Bellary	1,483	,,
Salem Central	919	,,
Coimbatore ,,	1,348	M. D
Palamcottah	129	S. G.
Madura	438	,,
Trichinopoly Central	274	,,
Tanjore	193	,,
Cuddalore	19	,,
Vellore Central	698	,,
Madras Civil	15	,,
,, Penitentiary Central		
Nellore	57	,,
Rajamundry Central	112	M. D
Vizagapatam	14	S. G.
Berhampur	60	,,
Russellkonda	...	...
Coorg :—		
Mercara	3,835	S. G.

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* These are not the exact heights of the jails themselves above sea-level, but usually those of the survey-marks or of the mercury-surface in baromet cisterns in the stations in which the jails are situated.

† S. G. = Surveyor-General of India; I. B. = Intelligence Branch of the Quarter-Master-General's Department; M. D. = Meteorological Department M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.

(*a*) Late North-Western Provinces and Oudh.

TABLE XL.

RATIOS of ADMINISTRATIONS.

The ratios of admissions and deaths to strength are taken from Table XLII. The actuals will be found in Table XLIII.

	Ratios per 1,000 of the average strength.										
	Andamans.	Burma.	Assam.	Bengal.	United Provinces.	Punjab.	N.-W.F. Province.	Bombay.	Central Provinces.	Madras.	India.*
I.—Average Annual Strength	13,037	11,187	1,134	18,419	23,141	12,163	1,287	7,800	4,075	8,853	101,717
II.—Constantly sick-rate of each month—											
January	51·7	22·0	29·1	44·5	33·4	32·8	29·6	25·1	21·9	19·0	34·0
February	53·4	19·9	29·3	46·3	31·0	25·6	22·4	24·4	27·7	18·5	32·9
March	51·2	17·7	30·9	47·1	30·8	23·0	17·3	24·2	27·5	20·9	32·2
April	51·9	17·8	32·9	44·7	33·4	23·9	20·3	23·8	32·9	19·9	32·7
May	58·5	19·3	35·7	36·1	31·8	27·7	30·4	24·0	24·6	22·6	32·4
June	77·6	21·0	28·6	36·7	30·9	29·5	35·0	23·3	28·4	20·1	34·9
July	93·7	23·3	36·7	38·1	35·7	26·7	32·2	25·7	27·3	19·0	38·2
August	84·2	21·7	38·8	39·0	34·6	28·4	35·8	27·1	32·7	18·0	37·3
September	82·1	21·9	42·3	37·3	35·9	30·1	35·8	24·0	30·1	17·8	37·0
October	73·9	22·1	36·9	38·5	39·3	36·3	38·4	23·1	27·3	19·3	37·7
November	63·8	22·9	34·3	37·6	35·2	34·6	42·4	21·9	21·5	20·3	35·1
December	56·1	19·9	29·5	35·6	30·0	36·4	38·8	23·8	20·5	21·3	32·5
Of the year	66·6	20·8	†33·5	39·9	33·5	29·5	32·6	24·1	27·0	19·8	34·8
Including Subsidiary Jails and Lock-ups	...	...	‡32·4	38·3	...	29·6	32·2	22·2	...	19·8	33·9
III.—Admission-rate of the year—											
Influenza	11·0	2·9	29·1	14·4	5·8	7·1	...	...	69·4	...	9·6
Cholera	...	1·4	3·5	1·7	6	·7	·8	...	...	2·4	1·0
Small-pox	...	...	5·3	·2	·8	1·7	...	1·2	·2	·3	·6
Enteric Fever	...	·7	...	·5	·3	·3	·8	·3	...	1·5	·4
Intermittent Fever	1,102·2	120·4	200·2	362·6	237·4	420·8	537·7	125·0	301·3	86·6	363·6
Remittent Fever	5·1	2·4	2·6	3·0	·5	1·0	...	1·9	1·2	1·6	2·1
Simple Continued Fever	...	15·8	...	5·6	1·0	3·9	...	2·8	5·2	16·3	5·3
Tubercle of the lungs	13·3	7·5	7·1	12·5	7·7	6·3	4·7	6·3	6·1	12·2	9·3
Pneumonia	13·7	7·7	5·3	12·9	12·0	19·6	12·4	25·4	12·5	9·4	13·6
Other Respiratory Diseases	104·5	13·8	24·7	30·7	25·9	29·0	35·0	34·9	38·3	26·9	37·2
Dysentery	133·3	48·4	255·7	205·9	46·4	47·4	55·9	38·6	52·0	46·9	88·8
Diarrhœa	82·8	25·3	50·3	78·5	28·0	66·3	34·2	27·3	35·6	7·8	47·1
Spleen Diseases	...	·1	...	1·7	1·2	...	3·1	1·7	·5	...	·8
Scurvy	1·6	·2	...	·4	1·1	·2	...	1·7	2·2	...	·8
Anæmia and Debility	...	4·4	22·9	12·1	12·4	25·1	9·3	7·2	14·0	4·7	10·4
Abscess, Ulcer, and Boil	64·0	77·5	30·0	58·7	106·8	118·0	170·9	64·6	66·0	36·7	79·8
All Causes	1,880·4	474·5	737·2	1,045·6	701·3	938·2	1,087·0	515·3	816·2	425·6	889·5
Including Subsidiary Jails and Lock-ups	...	...	787·0	1,022·6	...	939·2	1,141·4	529·6	...	538·9	888·0
IV.—Death-rate of the year—											
Cholera	...	·63	2·65	1·09	·56	·25	...	...	...	1·24	·56
Small-pox	...	...	...	·05	·09	·16	...	·13	...	...	·06
Enteric Fever	...	·63	...	·27	·17	·25	·78	·26	...	·34	·25
Intermittent Fever	1·38	·36	2·65	1·52	·95	·33	1·55	·64	·25	1·02	·94
Remittent Fever	1·38	·27	...	·27	·04	·41	...	·38	...	·23	·36
Simple Continued Fever	...	...	...	·05	...	...	...	...	...	...	·01
Tubercle of the lungs	8·51	3·22	1·76	4·40	2·59	3·12	...	3·20	2·45	3·16	3·85
Pneumonia	5·06	2·15	·88	3·31	2·46	4·69	3·89	8·20	1·47	2·82	3·62
Other Respiratory Diseases	1·23	·36	...	·43	·65	1·23	...	1·67	1·23	·34	·78
Dysentery	7·44	3·22	13·23	5·05	2·85	2·22	1·55	1·92	2·94	1·92	3·73
Diarrhœa	2·07	·89	2·65	1·36	·48	·41	·78	1·03	·98	·11	·93
Hepatic Abscess	·31	...	...	...	...	...	...	·13	...	·23	·07
Anæmia and Debility	...	·54	4·41	·43	·13	·25	1·55	·38	1·47	·34	·38
Phagedæna, Slough, and Gangrene	...	...	...	·05	·04	·08	...	...	...	...	·03
All Causes	34·21	17·07	31·75	23·62	15·56	19·16	15·54	26·41	18·16	19·20	21·38
Including Subsidiary Jails and Lock-ups	...	...	28·26	23·52	...	18·98	14·96	25·79	...	18·13	21·21
V.—Percentage in 100 admissions—											
Influenza	·58	·60	3·95	1·38	·83	·75	...	...	8·51	...	1·08
Cholera	...	·30	·48	·16	·09	·08	·07	...	...	·56	·11
Small-pox	...	...	·72	·02	·11	·18	...	·22	·03	·08	·07
Enteric Fever	...	·15	...	·05	·04	·04	·07	·05	...	·35	·05
Intermittent Fever	58·62	25·38	27·15	34·67	33·85	44·86	49·46	24·26	36·92	20·36	40·88
Remittent Fever	·27	·51	·36	·29	·07	·11	...	·37	·15	·37	·23
Simple Continued Fever	...	3·33	...	·54	·15	·42	...	·55	·63	3·82	·60
Tubercle of the lungs	·71	1·58	·96	1·20	1·10	·67	·43	1·22	·75	2·87	1·04
Pneumonia	·73	1·62	·72	1·24	1·71	2·09	1·14	4·93	1·53	2·20	1·53
Other Respiratory Diseases	5·56	2·90	3·35	2·93	3·69	3·09	3·22	6·77	4·69	6·32	4·18
Dysentery	7·09	10·21	34·69	19·69	6·62	5·06	5·15	7·49	6·37	11·01	9·98
Diarrhœa	4·40	5·33	6·82	7·50	3·99	7·07	3·15	5·30	4·36	1·83	5·30
Spleen Diseases	...	·02	...	·17	·17	...	·29	·32	·06	...	·09
Scurvy	09	·04	...	·04	·16	·02	...	·32	·27	...	·09
Anæmia and Debility	...	·92	3·11	1·16	1·76	2·67	·86	1·39	1·71	1·11	1·17
Abscess, Ulcer, and Boil	3·41	16·33	4·07	5·61	15·23	12·58	15·73	12·54	8·09	8·63	8·98
VI.—Percentage in 100 deaths—											
Cholera	...	3·7	8·3	4·6	3·6	1·3	...	...	...	6·5	2·6
Small-pox	...	...	...	·2	6	·9	...	·5	...	...	·3
Enteric Fever	...	3·7	...	1·1	1·1	1·3	5·0	1·0	...	1·8	1·1
Intermittent Fever	4·0	2·1	8·3	6·4	6·1	1·7	10·0	2·4	1·4	5·3	4·4
Remittent Fever	4·0	1·6	...	1·1	·3	2·1	...	1·5	...	1·2	1·7
Simple Continued Fever	...	...	...	·2	...	...	...	...	...	...	·0
Tubercle of the lungs	24·9	18·8	5·6	18·6	16·7	16·3	...	12·1	13·5	16·5	18·0
Pneumonia	14·8	12·6	2·8	14·0	15·8	24·5	25·0	31·1	8·1	14·7	16·9
Other Respiratory Diseases	3·6	2·1	...	1·8	4·2	6·4	...	6·3	6·7	1·8	3·6
Dysentery	21·7	18·8	41·7	21·4	18·3	11·6	10·0	7·3	16·2	10·0	17·5
Diarrhœa	6·1	5·2	8·3	5·7	3·1	2·1	5·0	3·9	5·4	·6	4·4
Hepatic Abscess	·9	...	...	...	...	...	...	·5	...	1·2	·3
Anæmia and Debility	...	3·1	13·9	1·8	·8	1·3	10·0	1·5	8·1	1·8	1·8
Phagedæna, Slough, and Gangrene	...	...	...	·2	·3	·4	...	...	...	...	·1

* Including Ajmer, Secunderabad, Quetta, Mercara.
† Including Subsidiary Jails.

‡ Lock-ups only.
For complete detail of diseases, see Table LIII.

TABLE XLI.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table XLII. The actuals will be found in Table XLIII.

	RATIO PER 1,000 OF THE AVERAGE STRENGTH.												
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
	Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	S.-E. Rajputana, Central India, and Gujarat.	Deccan.	Western Coast.	Southern India.	Hills.	India.*
I.—AVERAGE ANNUAL STRENGTH	20,651	3,573	1,098	11,716	21,389	12,434	8,103	4,261	7,440	2,597	7,865	559	101,717
I.—CONSTANTLY SICK-RATE OF EACH MONTH—													
January	41·5	20·6	30·5	46·2	31·6	33·6	31·2	48·2	23·0	20·3	19·6	28·4	34·0
February	41·6	19·7	29·2	51·1	30·8	29·7	24·9	36·2	24·9	19·1	19·1	34·6	32·9
March	39·1	17·8	32·1	46·7	34·1	25·3	23·7	36·8	25·5	23·1	22·2	19·7	32·2
April	39·4	18·3	33·2	40·4	36·2	26·9	22·5	46·4	29·5	23·0	20·9	26·2	32·7
May	44·4	16·6	36·9	37·6	30·3	27·7	26·8	41·7	25·9	23·0	23·5	28·7	32·4
June	56·4	20·2	28·7	38·4	30·7	26·1	31·4	34·6	27·0	26·5	20·3	37·0	34·9
July	67·2	22·3	36·9	38·1	34·7	27·5	27·6	42·1	27·7	29·4	19·8	31·2	38·2
August	60·4	21·4	39·6	38·4	35·0	28·1	30·3	38·8	29·5	34·2	19·1	24·4	37·3
September	59·4	23·3	43·3	36·7	34·4	30·4	31·1	43·6	27·3	26·9	18·9	21·3	37·0
October	54·6	22·3	38·1	38·9	35·5	40·5	33·5	40·7	25·2	27·2	19·6	20·4	37·7
November	48·2	25·6	35·6	37·6	32·1	37·5	32·1	40·2	22·2	29·0	19·7	27·4	35·1
December	42·5	21·6	30·5	37·5	27·7	32·7	37·8	35·3	22·0	26·6	21·3	30·2	32·5
OF THE YEAR	49·7	21·0	34·6	40·3	32·6	30·5	29·7	40·4	25·8	25·8	20·3	26·8	34·8
III.—ADMISSION-RATE OF THE YEAR—													
Influenza	7·2	7·3	30·1	20·8	2·8	10·6	5·6	1·4	38·0	...	...	...	9·6
Cholera	·7	·3	3·6	2·3	·2	·2	1·2	2·8	...	...	2·7	...	1·0
Small-pox	...	...	5·5	·2	·9	·8	2·0	·2	·1	1·5	...	5·4	·6
Enteric Fever	·2	1·1	...	·3	·3	·5	·1	...	·1	3·1	·8	7·2	·4
Intermittent Fever	740·9	116·7	201·3	257·0	297·0	406·1	305·9	304·4	208·7	160·2	89·0	334·5	363·6
Remittent Fever	3·8	4·2	2·7	2·6	1·4	1·0	1·1	·2	1·5	3·5	1·3	3·6	2·1
Simple Continued Fever	7·7	5·0	...	7·0	1·5	4·0	·4	...	5·5	·8	18·3	16·1	5·3
Tubercle of the lungs	10·8	9·5	7·3	14·3	7·7	7·7	6·9	8·4	4·6	8·9	12·6	1·8	9·3
Pneumonia	11·0	10·4	5·5	11·6	11·6	18·7	28·5	17·1	11·2	10·4	9·5	16·1	13·6
Other Respiratory Diseases	69·4	23·2	24·6	28·1	26·8	30·2	31·2	30·5	35·8	28·5	28·7	26·8	37·2
Dysentery	97·1	76·7	264·1	235·0	76·1	60·6	36·5	45·8	41·5	30·0	49·7	100·2	88·8
Diarrhœa	58·4	43·4	51·9	61·6	51·1	49·4	53·1	31·9	25·3	43·1	8·5	23·3	47·1
Spleen Diseases	...	·3	...	1·8	1·4	·2	1·6	1·9	·4	·4	...	...	·8
Scurvy	1·1	...	...	·5	1·3	·1	1·2	...	1·2	1·5	...	...	·8
Anæmia and Debility	1·3	6·4	23·7	13·0	11·0	17·8	25·4	8·0	9·7	9·2	3·7	17·9	10·4
Abscess, Ulcer, and Boil	74·1	48·1	31·0	53·5	94·9	112·5	94·4	116·6	81·0	41·2	38·9	93·0	79·8
ALL CAUSES	1,360·9	481·1	751·4	970·4	792·8	917·2	775·8	783·9	669·8	552·6	439·2	935·6	889·5
IV.—DEATH-RATE OF THE YEAR—													
Cholera	·34	...	2·73	1·62	·05	·24	·37	2·35	...	...	1·40	...	·56
Small-pox	...	...	...	·09	·05	·24	·12	...	...	...	...	...	·06
Enteric Fever	·15	1·12	...	·17	·14	·40	·12	...	·13	·77	·25	3·58	·25
Intermittent Fever	1·07	...	2·73	1·62	1·12	·64	·74	...	·40	·77	1·02	1·79	·94
Remittent Fever	1·02	...	...	·26	·14	·08	·49	...	...	·77	·25	1·79	·36
Simple Continued Fever	...	...	...	.09	...	...	...	...	...	...	...	...	·01
Tubercle of the lungs	6·54	3·36	1·82	4·69	2·90	2·73	2·47	4·22	2·02	4·62	3·31	1·79	3·85
Pneumonia	3·78	3·36	·91	3·58	2·24	4·18	9·26	3·99	1·34	3·08	2·92	3·58	3·62
Other Respiratory Diseases	·92	·28	...	·43	·47	·97	1·73	·94	·94	1·54	·25	1·79	·78
Dysentery	5·67	4·48	13·66	6·32	2·90	2·90	1·60	1·88	2·15	1·16	2·03	7·16	3·73
Diarrhœa	1·60	1·12	2·73	1·79	·42	·64	·86	·47	·54	1·16	·13	...	·93
Hepatic Abscess	·19	...	...	...	...	...	...	...	...	·77	·13	...	·07
Anæmia and Debility	·15	84	4·55	·26	·37	·16	·62	·23	·81	1·16	...	...	·38
Phagedæna, Slough, and Gangrene	...	...	...	·09	...	·08	·12	...	...	...	...	...	·03
ALL CAUSES	27·41	19·87	32·79	26·54	14·96	18·90	25·55	19·71	13·98	28·11	19·45	26·83	21·38
V.—PERCENTAGE IN 100 ADMISSIONS—													
Influenza	·53	1·51	4·00	2·13	·35	1·16	·72	·18	5·68	...	...	...	1·08
Cholera	·05	·06	·48	·25	·02	·03	·16	·36	...	...	·61	...	·11
Small-pox	...	...	·73	·02	·11	.09	·25	·03	·02	·28	...	·57	·07
Enteric Fever	·01	·23	...	·03	·04	·05	·02	...	·02	·56	·17	·76	·05
Intermittent Fever	54·44	24·26	26·79	26·32	37·46	44·27	39·44	38·83	31·17	28·99	20·27	35·76	40·88
Remittent Fever	·28	·87	·36	·26	·17	·11	·14	·03	·22	·63	·29	·38	·23
Simple Continued Fever	·57	1·05	...	·72	·19	·44	·05	...	·82	·14	4·17	1·72	·60
Tubercle of the lungs	·79	1·98	·97	1·47	·97	·84	·89	1·08	·68	1·60	2·87	·19	1·04
Pneumonia	·81	2·15	·73	1·19	1·46	2·03	3·67	2·19	1·67	1·88	2·17	1·72	1·53
Other Respiratory Diseases	5·10	4·83	3·27	2·88	3·38	3·30	4·02	3·89	5·34	5·16	6·54	2·87	4·18
Dysentery	7·14	15·94	35·15	24·06	9·60	6·00	4·71	5·84	6·20	5·44	11·32	10·71	9·98
Diarrhœa	4·29	9·02	6·91	6·31	6·44	5·38	6·84	4·07	3·77	7·80	1·94	2·49	5·30
Spleen Diseases	...	·06	...	·18	·18	·03	·21	·24	·06	·07	...	...	·09
Scurvy	·08	...	...	·05	·17	·01	·16	...	·18	·28	...	...	·09
Anæmia and Debility	·09	1·36	3·15	1·33	1·39	1·94	3·28	1·02	1·44	1·67	·84	1·91	1·17
Abscess, Ulcer, and Boil	5·44	10·01	4·12	5·48	11·97	12·27	12·17	14·88	12·10	7·46	8·86	9·94	8·98
VI.—PERCENTAGE IN 100 DEATHS—													
Cholera	1·2	...	8·3	6·1	·3	1·3	1·4	11·9	...	...	7·2	...	2·6
Small-pox	...	...	...	·3	·3	1·3	·5	...	...	...	...	...	·3
Enteric Fever	·5	5·6	...	·6	·9	2·1	·5	...	1·0	2·7	1·3	13·3	1·1
Intermittent Fever	3·9	...	8·3	6·1	7·5	3·4	2·9	...	2·9	2·7	5·2	6·7	4·4
Remittent Fever	3·7	...	...	1·0	·9	·4	1·9	...	...	2·7	1·3	6·7	1·7
Simple Continued Fever	...	...	...	·3	...	...	...	...	...	...	...	...	·0
Tubercle of the lungs	23·9	16·9	5·6	17·7	19·4	14·5	9·7	21·4	14·4	16·4	17·0	6·7	18·0
Pneumonia	13·8	16·9	2·8	13·5	15·0	22·1	36·2	20·2	9·6	11·0	15·0	13·3	16·9
Other Respiratory Diseases	3·4	1·4	...	1·6	3·1	5·1	6·8	4·8	6·7	5·5	1·3	6·7	3·6
Dysentery	20·7	22·5	41·7	23·8	19·4	15·3	6·3	9·5	15·4	4·1	10·5	26·7	17·5
Diarrhœa	5·8	5·6	8·3	6·8	2·8	3·4	3·4	2·4	3·8	4·1	·7	...	4·4
Hepatic Abscess	·7	...	...	...	...	...	...	...	...	2·7	·7	...	·3
Anæmia and Debility	·5	4·2	15·9	1·0	2·5	·9	2·4	1·2	5·8	4·1	...	...	1·8
Phagedæna, Slough, and Gangrene	...	...	...	·3	...	·4	·5	...	...	...	...	...	·1

*Including Aden. For complete detail of diseases, see Table LIII.

TABLE XLII.

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS. For actuals see Table XLIII.

1. ADMISSION-RATE. 2. DEATH-RATE PER 1,000 OF STRENGTH.

JAILS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Average number constantly sick per 1,000 of strength.
Port Blair	13,037	11·0 ...	... ...	... ...	... ...	1,102·2 1·38	5·1 1·38	... ...	13·3 8·51	13·7 5·06	104·5 1·23	133·3 7·44	82·8 2·07	·5 ·31	... ...	1·6 ...	... ...	64·0 ...	... ...	1,880·4 34·21	66·6
Mergui	68	... ...	... ...	... ...	... ...	176·5 14·71	... ...	... ...	... ...	... ...	... ...	102·9 29·41	73·5 ...	... ...	... ...	... ...	14·7 ...	14·7 ...	... ...	558·8 44·12	29·4
Tavoy	63	... ...	... ...	... ...	... ...	63·5 ...	... ...	... ...	... ...	... ...	... ...	31·7 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	206·3 ...	15·9
Moulmein	460	... ...	... ...	... ...	2·2 ...	47·8 ...	... ...	2·2 ...	10·9 4·35	6·5 ...	28·3 2·17	80·4 6·52	54·3 ...	... ...	... ...	... ...	2·2 ...	154·3 ...	... ...	619·6 15·22	28·3
Shwegyin	125	... ...	... ...	... ...	... ...	136·0 ...	... ...	... ...	... ...	8·0 8·00	32·0 ...	24·0 ...	16·0 ...	... ...	... ...	... ...	... ...	80·0 ...	... ...	400·0 8·00	16·0
Toungoo	366	... ...	... ...	... ...	... ...	51·9 ...	... ...	... ...	2·7 2·73	... ...	... ...	21·9 2·73	2·7 ...	... ...	... ...	... ...	... ...	65·6 ...	... ...	254·1 5·46	13·7
Rangoon, Central (Europeans).	15	... ...	... ...	... ...	... ...	133·3 ...	... ...	200·0 ...	... ...	... ...	... ...	133·3 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	533·3 ...	*12·4
Rangoon, Central (Natives).	2,090	... ...	... ...	... ...	 ...	120·6 ...	...	55·5 ...	6·7 6·22	12·0 1·44	12·9 ...	31·1 ·48	12·9 ...	... ...	... ...	1·0 ...	1·0 ...	122·5 ...	... ...	622·0 13·88	26·8
Maubin	331	18·1 ...	18·1 ...	... ...	... ...	53·4 ...	... ...	... ...	3·0 3·02	9·1 3·02	12·1 ...	39·3 9·06	30·2 3·02	... ...	... ...	... ...	... ...	75·5 ...	... ...	432·0 27·19	18·1
Myaungmyo	430	... ...	... ...	... ...	... ...	176·7 ...	23·3 4·65	... ...	9·3 2·33	... ...	7·0 ...	111·6 2·33	53·5 ...	... ...	... ...	... ...	... ...	209·3 ...	... ...	658·1 9·30	27·9
Bassein, Central	730	... ...	... ...	... ...	1·4 1·37	46·6 ...	... ...	37·0 ...	17·8 ...	11·0 2·74	1·4 ...	11·0 1·37	1·4 ...	... ...	... ...	... ...	... ...	95·9 ...	... ...	364·4 13·70	19·2
Insein, Central	1,925	... ...	... ...	... ...	1·0 1·04	116·9 1·04	... ...	5·7 ...	4·2 2·08	1·6 1·04	3·6 ...	5·2 1·56	... ...	... ...	... ...	... ...	2·1 ·52	29·6 ...	... ...	253·0 9·87	11·9
Henzada	403	... ...	... ...	... ...	... ...	62·0 ...	2·5 2·48	... ...	7·4 2·48	... ...	7·4 2·48	5·0 ...	2·5 ...	... ...	... ...	... ...	17·4 ...	62·0 ...	... ...	218·4 9·93	12·4
Myanaung	71	... ...	... ...	... ...	... ...	28·2 ...	... ...	... ...	... ...	14·1 14·08	14·1 14·08	70·4 ...	70·4 ...	... ...	... ...	... ...	... ...	140·8 ...	... ...	549·3 28·17	28·2
Sandoway	67	... ...	... ...	... ...	... ...	89·6 ...	... ...	14·9 ...	... ...	14·9 14·93	14·9 ...	119·4 59·70	74·6 59·70	... ...	... ...	... ...	14·9 ...	74·6 ...	... ...	552·2 134·33	29·9
Kyaukpyu	128	... ...	... ...	... ...	... ...	703·1 ...	7·8 ...	... ...	... ...	23·4 ...	39·1 ...	15·6 ...	46·9 ...	... ...	... ...	... ...	7·8 ...	171·9 ...	... ...	1,195·3 7·81	31·3
Akyab	342	... ...	26·3 20·47	... ...	... ...	359·6 2·02	... ...	... ...	2·9 2·92	2·9 2·92	5·8 ...	140·4 2·92	49·7 2·92	... ...	... ...	... ...	26·3 5·85	84·8 ...	... ...	894·7 58·48	32·2
GROUP I.—BURMA COAST AND BAY ISLANDS	20,651	7·2 ...	·7 ·34	... ...	·2 ·15	740·9 1·07	3·8 1·02	7·7 ...	10·8 6·54	11·0 3·78	69·4 ·92	97·1 5·67	58·4 1·60	·3 ·19	... ...	1·1 ...	1·3 ·15	74·1 ...	... ...	1,360·9 27·41	49·7
Paungdi	147	... ...	... ...	... ...	... ...	47·6 ...	... .	.. ...	13·6 6·80	... ...	... ...	54·4 6·80	6·8 ...	... ...	... ...	... ...	6·8 6·80	13·6 ...	... ...	244·9 27·21	13·6
Prome	317	... ...	... ...	... ...	9·5 9·46	75·7 ...	3·2 ...	47·3 ...	3·2 3·15	... ...	3·2 ...	66·2 3·15	78·9 3·15	... ...	... ...	... ...	... ...	47·3 ...	... ...	624·6 28·39	28·4
Thayetmyo, Central.	661	... ...	... ...	... ...	... ...	59·0 ...	... ...	1·5 ...	4·5 3·03	9·1 1·51	31·8 ...	16·6 ...	16·6 3·03	... ...	... ...	... ...	18·2 ...	122·5 ...	... ...	410·0 7·56	18·2
Taungdwingyi	68	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	14·7 ...	... ...	... ...	58·8 ...	... ...	147·1 ...	14·7
Magwe	78	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	51·3 ...	... ...	... ...	... ...	... ...	... ...	38·5 ...	... ...	166·7 ...	12·8
Minbu	81	... ...	12·3 ...	... ...	... ...	86·4 ...	... ...	... ...	12·3 ...	... ...	37·0 ...	37·0 ...	74·1 ...	... ...	... ...	... ...	24·7 ...	111·1 ...	... ...	493·8 24·69	12·3
Yamethin	93	... ...	... ...	... ...	... ...	10 ...	... ...	... ...	10·8 ...	... ...	... ...	... ...	43·0 ...	... ...	... ...	... ...	10·8 ...	21·5 ...	... ...	236·6 ...	10·8
Meiktila	133	... ...	... ...	... ...	... ...	142·9 ...	... ...	... ...	... ...	15·0 15·04	... ...	105·3 ..	105·3 ...	... ...	... ...	... ...	... ...	60·2 ...	... ...	511·3 15·04	30·1
Pagan	63	... ...	... ...	... ...	... ...	15·9 ...	... ...	15·9 ...	... ...	... ...	... ...	... ...	31·7 15·87	... ...	... ...	... ...	... ...	15·9 ...	... ...	95·2 31·75	4·1*
Pakôkku	81	... ...	... ...	... ...	... ...	24·7 ...	... ...	12·3 ...	... ...	12·3 12·35	24·7 ...	12·3 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	172·8 12·35	12·3
Myingyan, Central.	772	33·7 ...	... ...	... ...	... ...	66·1 ...	... ...	... ...	16·8 3·89	11·7 2·59	27·2 ...	71·2 3·89	20·7 ...	... ...	... ...	... ...	2·6 1·29	22·0 ...	... ...	360·1 14·25	16·8
Mandalay, Central.	697	... ...	... ...	... ...	1·4 1·43	328·6 ...	... ...	... ...	12·9 2·87	5·7 4·30	21·5 ...	196·6 14·35	80·3 ...	... ...	... ...	. ...	7·2 1·43	... ...	1·4 ...	812·1 30·13	30·1
Monywa	74	... ...	... ...	... ...	... ...	40·5 ...	... ...	... ...	... 13·51	13·5 ...	40·5 ...	67·6 ...	40·5 ...	... ...	... ...	... ...	... ...	121·6 ...	... ...	459·5 13·51	27·0
Shwebo	133	... ...	... ...	... ...	... ...	90·2 ...	105·3 ...	... ...	15·0 7·52	90·2 22·56	90·2 ...	30·1 7·52	52·6 ...	... ...	... ...	... ...	... ...	37·6 ...	... ...	609·0 45·11	22·6
Bhamo	2	... ...	... ...	... ...	... ...	322·6 ...	... ...	... ...	... ...	16·1 ...	32·3 ...	112·9 ...	48·4 ...	... ...	... ...	... ...	... ...	161·3 ...	... ...	822·6 48·39	32·3
Katha	69	.. ...	... ...	... ...	... ...	14·5 ...	... ...	... ...	29·0 14·49	... ...	29·0 ...	43·5 ...	101·4 ...	... ...	... ...	... ...	... ...	29·0 ...	... ...	318·8 43·48	14·5
Kindat	44	... ...	... ...	... ...	... ...	22·7 ...	... ...	... ...	... ...	22·7 ...	22·7 22·73	22·7 ...	... ...	... ...	... ...	... ...	... ...	90·9 ...	... ...	204·5 22·73	22·7
GROUP II.—BURMA INLAND.	3,573	7·3 ...	·3 ...	... ...	1·1 1·12	116·7 ...	4·2 ...	5·0 ...	9·5 3·36	10·4 3·36	23·2 ·28	76·7 4·48	43·4 1·12	... ...	·3 ...	... ...	6·4 ·84	48·1 ...	·3 ...	481·1 19·87	21·0

* Worked on the aggregates

TABLE XLII—*continued.*

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS. For actuals, see Table XLIII.

JAILS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Average number constantly sick per 1,000 of strength.
		1. ADMISSION-RATE.									2. DEATH-RATE PER 1,000 OF STRENGTH.										
Cachar	57	... ...	... ...	... ...	... ...	87·7 ...	... ...	... ...	... ...	17·5 ...	17·5 ...	157·9 17·54	... ...	... ...	... ...	... ...	... ...	35·1 ...	... ...	386·0 17·54	17·5
Sibsagar	58	... ...	... ...	... ...	... ...	155·2 ...	... ...	... ...	17·2 ...	... ...	17·2 ...	86·2 ...	155·2 ...	... ...	... ...	... ...	... ...	137·9 ...	... ...	758·6 ...	17·2
Dibrugarh	110	45·5 ...	... ...	... ...	... ...	236·4 ...	... ...	... ...	18·2 ...	... ...	72·7 ...	318·2 9·09	63·6 ...	... ...	... ...	... ...	54·5 9·09	45·5 ...	... ...	1,054·5 18·18	36·4
Tezpur	210	... ...	9·5 4·76	... ...	... ...	161·9 4·76	4·8 ...	... ...	... ...	9·5 ...	47·6 ...	390·5 38·10	61·9 14·29	... ...	... ...	... ...	9·5 ...	28·6 ...	... ...	761·9 66·67	52·4
Gauhati	249	... ...	4·0 4·02	24·1 ...	... ...	88·4 8·03	... ...	... ...	8·0 ...	4·0 ...	12·0 ...	313·3 16·06	52·2 ...	... ...	... ...	... ...	4·0 ...	40·2 ...	... ...	666·7 40·16	40·2
Sylhet	414	67·6 ...	2·4 2·42	... ...	... ...	301·9 ...	4·8 ...	... ...	7·2 4·83	4·8 2·42	9·7 ...	195·7 2·42	36·2 ...	... ...	... ...	... ...	41·1 9·66	7·2 ...	2·4 ...	765·7 21·74	26·6
GROUP III.—ASSAM.	1,098	30·1 ...	3·6 2·73	5·5 ...	... ...	201·3 2·73	2·7 ...	... ...	7·3 1·82	5·5 ·91	24·6 ...	264·1 13·66	51·9 2·73	... ...	... ...	... ...	23·7 4·55	31·0 ...	·9 ...	751·4 32·79	34·6
Mymensingh	564	... ...	... ...	... ...	... ...	319·1 ...	... ...	120·6 ...	24·8 5·32	14·2 5·32	35·5 ...	379·4 1·77	62·1 3·55	... ...	... ...	... ...	56·7 1·77	95·7 ...	... ...	1,625·9 19·50	69·1
Dacca, Central	1,046	... ...	... ...	... ...	... ...	165·4 ...	... ...	... ...	5·7 4·78	11·5 2·87	90·8 ...	240·9 ·96	69·8 ...	... ...	... ...	... ...	15·3 ...	37·3 ...	... ...	845·1 13·38	26·8
Tippera	308	... ...	... ...	... ...	... ...	162·3 ...	... ...	... ...	19·5 ...	... ...	29·2 3·25	178·6 3·25	26·0 ...	... ...	... ...	6·5 ...	9·7 ...	35·7 ...	... ...	688·3 19·48	26·0
Chittagong	147	... ...	13·6 13·61	... ...	... ...	775·5 ...	6·8 ...	... ...	20·4 ...	6·8 6·80	13·6 ...	428·6 6·80	122·4 6·80	... ...	... ...	... ...	6·8 ...	40·8 ...	... ...	1,829·9 34·01	68·0
Noakhali	143	... ...	... ...	... ...	... ...	223·8 ...	... ...	... ...	... ...	... ...	21·0 ...	762·2 6·99	55·9 6·99	... ...	... ...	... ...	7·0 ...	14·0 ...	... ...	1,195·8 20·98	35·0
Backergunge	567	... ...	... ...	... ...	... ...	257·5 1·76	1·8 ...	... ...	7·1 7·05	33·5 14·11	65·3 1·76	520·3 33·51	111·1 ...	... ...	... ...	... ...	12·3 1·76	31·7 ...	... ...	1,317·5 86·42	77·6
Khulna	41	... ...	... ...	... ...	... ...	804·9 ...	... ...	... ...	... ...	48·8 ...	48·8 ...	365·9 ...	48·8 ...	... ...	... ...	... ...	48·8 ...	73·2 ...	... ...	1,853·7 ...	73·2
Jessore	365	... ...	8·2 5·48	... ...	... ...	460·3 ...	13·7 ...	... ...	24·7 5·48	13·7 2·74	16·4 ...	627·4 8·22	19·2 ...	... ...	... ...	... ...	... ...	30·1 ...	... ...	1,282·2 24·66	43·8
Baraset	87	... ...	... ...	... ...	... ...	954·0 ...	... ...	... ...	... ...	11·5 ...	11·5 ...	1,057·5 22·99	126·4 ...	... ...	... ...	... ...	11·5 ...	103·4 ...	... ...	2,505·7 22·99	103·4
Presidency, Central (Europeans).	32	62·5 ...	... ...	... ...	... ...	93·8 ...	... ...	... ...	... ...	31·2 ...	31·2 ...	... ...	62·5 ...	... ...	... ...	... ...	... ...	31·2 ...	... ...	562·5 31·25	15·6*
Presidency, Central (Natives).	1,177	46·7 ...	... ...	... ...	... ...	80·7 4·25	... ...	... ...	10·2 4·25	14·4 2·55	6·8 ...	122·3 3·40	34·0 ...	... ...	... ...	... ...	6·8 ...	14·4 ...	... ...	503·0 18·69	24·6
Alipore, Central	1,894	91·9 3·17	... ...	·5 ...	·5 ...	22·7 1·58	... ...	... ...	11·6 5·81	... ...	4·2 ...	29·0 ...	10·0 ...	... ...	... ...	... ...	5·3 ...	42·2 ...	... ...	551·7 12·67	35·4
Hooghly	329	... ...	... ...	... ...	... ...	568·4 3·04	6·1 6·08	... ...	85·1 12·16	12·2 ...	54·7 ...	209·7 18·24	237·1 ...	... ...	6·1 ...	... ...	66·9 ...	103·3 ...	... ...	1,939·2 48·63	76·0
Burdwan	212	... ...	... ...	... ...	... ...	684·0 9·43	4·7 ...	... ...	9·4 4·72	14·2 9·43	47·2 ...	254·7 4·72	264·2 4·72	... ...	47·2 ...	... ...	... ...	99·1 ...	... ...	1,820·8 33·01	56·6
Krishnagar	158	... ...	... ...	... ...	... ...	360·8 6·33	... ...	... ...	31·6 ...	31·6 6·33	50·6 ...	316·5 ...	31·6 ...	... ...	... ...	... ...	12·7 ...	94·9 ...	... ...	1,272·2 31·65	44·3
Faridpur	288	... ...	3·5 3·47	... ...	... ...	232·6 ...	... ...	... ...	... ...	34·7 10·42	20·8 ...	222·2 3·47	79·9 ...	... ...	... ...	... ...	38·2 ...	79·9 ...	... ...	1,024·3 17·36	48·6
Pubna	198	... ...	5·1 ...	... ...	... ...	484·4 ...	... ...	... ...	... ...	20·2 ...	45·5 5·05	287·9 5·05	55·6 ...	... ...	... ...	... ...	10·1 ...	45·5 ...	... ...	1,151·5 15·15	35·4
Murshidabad	202	... ...	... ...	... ...	5·0 4·95	212·9 ...	9·9 ...	... ...	5·0 ...	5·0 ...	9·9 ...	212·9 14·85	9·9 ...	... ...	... ...	... ...	... ...	9·9 ...	... ...	950·5 19·80	39·6
Rajshahi, Central.	766	... ...	... ...	... ...	1·3 1·31	291·1 5·22	1·3	... ...	10·4 7·83	6·5 2·61	14·4 1·31	154·0 2·61	23·5 ...	... ...	11·7 ...	... ...	2·6 ...	64·0 ...	... ...	821·1 26·11	40·5
Bogra	145	... ...	... ...	... ...	... ...	310·3 ...	... ...	... ...	13·8 6·90	... ...	6·9 ...	96·6 ...	6·9 ...	... ...	... ...	... ...	27·6 ...	41·4 ...	... ...	586·2 13·79	13·8
Malda	94	... ...	21·3 ...	... ...	... ...	1,308·5 ...	31·9 ...	21·3 ...	10·6 ...	... ...	21·3 ...	117·0 ...	361·7 ...	... ...	... ...	... ...	... ...	85·1 ...	... ...	2,383·0 ...	53·2
Dinajpur	249	... ...	... ...	... ...	4·0 ...	277·1 ...	44·2 4·02	16·1 4·02	12·0 4·02	12·0 4·02	20·1 ...	514·1 16·06	72·3 8·03	... ...	... ...	12·0 ...	24·1 ...	32·1 ...	... ...	1,269·1 48·19	48·2
Rangpur	234	... ...	... ...	... ...	... ...	525·6 ...	4·3 ...	... ...	17·1 4·27	8·5 4·27	42·7 ...	423·1 ...	17·1 ...	... ...	... ...	... ...	8·5 ...	51·3 ...	... ...	1,495·7 8·55	59·8

* Worked on the aggregate.

Jails.	Average annual strength.	1. Admission-rate. 2. Death-rate per 1,000 of strength.																		Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	
Jalpaiguri	85	...	11·8	...	...	411·8	...	...	11·8	35·3	82·4	35·3	11·8	...	...	...	...	164·7	...	1,105·9	47·1
		...	11·76	...	...	...	...	...	11·76	...	...	11·76	...	...	...	...	...	...	...	35·29	
Purneah	227	...	4·4	...	...	268·7	...	...	8·8	4·4	35·2	79·3	30·8	...	...	...	8·8	52·9	...	696·0	30·8
		...	4·41	...	...	8·81	...	...	8·81	4·41	...	4·41	4·41	...	...	...	...	...	...	35·24	
Naya Dumka	133	...	...	...	...	127·8	...	...	...	7·5	...	112·8	...	...	...	...	...	7·5	...	285·7	7·5
		...	...	...	...	...	...	...	...	7·52	...	...	...	...	...	...	...	...	...	7·52	
Suri	184	...	...	...	...	315·2	...	...	...	...	10·9	130·4	87·0	...	...	...	...	81·5	...	837·0	10·9
		...	...	...	...	...	...	...	...	...	5·43	...	...	...	...	...	...	...	...	5·43	
Bankura	193	...	25·9	...	...	176·2	...	15·5	62·2	5·2	31·1	238·3	160·6	...	...	...	31·1	72·5	...	958·5	46·6
		...	25·91	...	...	...	...	...	10·36	...	...	20·73	25·91	...	...	...	5·18	...	...	93·26	
Midnapore, Central.	963	...	...	1·0	...	290·8	...	...	21·8	12·5	20·8	354·1	65·4	...	...	1·0	6·2	88·3	1·0	1,071·7	39·5
		...	...	1·04	...	...	...	...	5·19	7·27	...	12·46	5·19	...	...	...	...	...	1·04	37·38	
Balasore	145	...	...	...	...	144·8	...	...	...	20·7	27·6	27·6	55·2	...	...	...	...	103·4	...	551·7	13·8
		...	...	...	...	...	...	...	...	6·90	...	...	13·79	...	...	...	...	...	...	20·69	
Cuttack	345	...	...	...	...	397·1	5·8	14·5	5·8	26·1	20·3	115·9	115·9	...	...	...	11·6	72·5	...	1,002·9	26·1
		...	...	...	...	...	...	...	2·90	5·80	...	11·59	2·90	...	...	...	...	...	...	26·09	
Puri	105	123·8	...	...	...	542·9	...	...	...	19·0	...	152·4	19·0	...	...	...	19·0	9·5	...	971·4	19·0
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9·52	
Angul	90	...	122·2	...	...	144·4	...	...	...	11·1	11·1	177·8	200·0	...	...	...	...	77·8	...	1,000·0	33·3
		...	77·78	...	...	...	...	...	...	11·11	..	11·11	...	...	...	...	...	...	...	100·0	
Group IV.—Bengal and Orissa.	11,716	20·8	2·3	·2	·3	257·0	2·6	7·0	14·3	11·6	28·1	235·0	61·6	...	1·8	·5	13·0	53·5	·1	976·4	40·3
		·51	1·62	·09	·17	1·62	·26	·09	4·69	3·58	·43	6·32	1·79	...	..	...	·26	...	·09	26·54	
A.																					
Chaibassa	163	...	...	...	...	582·8	...	...	24·5	61·3	98·2	349·7	233·1	...	...	...	...	104·3	...	1,723·9	42·9
		...	...	...	...	...	...	...	6·13	...	...	...	...	...	...	...	...	...	...	6·13	
Purulia	246	12·2	...	...	...	142·3	...	...	12·2	16·3	48·8	20·3	28·5	...	...	4·1	...	12·2	...	333·3	12·2
		...	...	...	...	...	...	...	4·07	4·07	...	4·07	...	...	...	...	...	...	...	16·26	
Ranchi	127	15·7	...	...	...	126·0	...	...	...	7·9	23·6	244·1	79	...	...	...	7·9	31·5	...	574·8	15·7
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Palamau	92	...	...	...	...	239·1	...	...	...	...	21·7	315·2	195·7	...	...	...	...	76·1	...	1,065·2	21·7
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Hazaribagh, Central.	820	...	...	...	2·4	254·9	...	...	12·2	19·5	45·1	141·5	93·9	...	...	...	...	101·2	...	915·9	54·9
		...	...	...	1·22	...	...	...	6·10	2·44	...	2·44	...	...	...	...	...	1·22	...	15·85	
B.																					
Gaya	443	...	...	...	...	99·3	9·0	6·8	13·5	4·5	40·6	180·6	51·9	2·3	...	...	2·3	31·6	...	577·9	15·8
		...	...	...	...	...	...	...	4·51	4·51	...	4·51	...	...	...	...	...	...	...	15·80	
Bhagalpur Central	1,648	...	...	...	...	154·1	...	...	6·1	12·1	14·6	86·8	44·3	...	...	...	2·4	83·1	...	585·0	28·5
		...	...	...	...	2·43	...	...	2·43	1·21	...	·61	...	...	...	...	...	...	...	8·50	
Monghyr	283	14·1	7·1	...	...	141·3	...	...	14·1	7·1	28·3	109·5	21·2	...	...	...	7·1	17·7	...	501·8	17·7
		...	...	...	...	3·53	...	...	3·53	3·53	...	10·60	...	...	...	...	...	...	...	31·80	
Darbhanga	205	39·0	4·9	...	...	248·8	...	...	29·3	...	34·1	200·0	409·8	...	...	...	9·8	68·3	...	1,263·4	39·0
		...	...	...	...	...	...	...	9·76	...	...	4·88	...	...	...	...	...	...	...	19·51	
Champarun	223	...	...	...	...	363·2	...	35·9	4·5	9·0	9·0	165·9	67·3	...	...	...	17·9	53·8	...	932·7	17·9
		...	...	...	...	...	...	...	4·48	...	...	4·48	8·97	...	...	...	...	...	...	22·42	
Muzaffarpur	263	15·2	...	...	...	346·0	41·8	...	3·8	15·2	26·6	152·1	121·7	...	...	...	30·4	38·0	...	950·6	41·8
		...	...	...	...	...	...	...	...	3·80	3·80	7·60	...	...	...	...	...	...	...	19·01	
Patna	360	...	2·8	...	...	261·1	8·3	...	2·8	8·3	19·4	69·4	77·8	...	...	...	5·6	86·1	...	738·9	30·6
		...	2·78	...	...	...	...	...	...	...	...	...	...	...	...	...	2·78	...	...	13·89	
Arrah	180	...	...	...	...	144·4	38·9	11·1	...	16·7	77·8	200·0	61·1	...	50·0	...	55·6	44·4	...	927·8	38·9
		...	...	...	...	...	11·11	...	...	5·56	...	5·56	...	...	...	...	5·56	...	...	55·56	
Chapra	290	...	...	6·9	...	275·9	...	...	..	6·9	24·1	555·2	203·4	...	6·9	...	41·4	110·3	...	1,603·4	55·2
		...	...	...	...	3·45	...	...	...	3·45	3·45	6·90	6·90	...	..	...	...	...	...	48·28	
Buxar, Central	1,259	...	...	...	...	1,950·0	...	...	12·7	23·8	53·2	142·2	197·8	...	...	·8	19·1	56·4	...	2,696·6	64·3
		...	...	...	...	2·38	...	...	6·35	5·56	...	·79	...	...	...	...	2·38	...	...	20·65	
Korantadih	50	...	...	...	...	...	...	...	...	...	...		...	...	...	...	20·0	20·0	...	140·0	5·0*
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Ghazipur	435	...	...	...	...	149·4	...	...	...	4·6	16·1	2·3	13·8	...	...	...	...	128·7	...	439·1	27·6
		...	...	...	...	...	...	...	...	4·60	4·60	...	..	...	...	...	...	...	...	16·09	
Azamgarh	239	50·2	...	...	...	276·2	...	...	4·2	8·4	66·9	117·2	46·0	...	...	8·4	12·6	138·1	...	958·2	33·5
		...	...	...	...	...	...	...	4·18	...	4·18	...	...	...	...	...	...	...	...	16·74	
Kasia	23	...	...	43·5	...	87·0	...	...	...	...	...	173·9	...	...	...	...	...	...	...	434·8	15·6*
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	
Gorakhpur	408	...	...	2·5	...	230·4	...	...	2·5	27·0	76·0	193·6	34·3	...	...	...	31·9	117·6	...	1,215·7	53·9
		...	...	...	...	...	...	...	2·45	...	2·45	19·61	...	...	...	...	...	...	...	26·96	
Basti	247	...	...	...	...	222·7	...	4·0	4·0	4·0	16·2	40·5	8·1	...	...	...	16·2	81·0	...	518·2	16·2
		...	...	...	...	4·05	...	...	4·05	4·05	...	...	...	...	...	...	...	...	...	16·19	
Fyzabad	396	35·4	...	12·6	...	237·4	...	...	7·6	40·4	55·6	45·5	22·7	...	...	...	78·3	159·1	...	1,191·9	53·0
		...	...	...	...	2·53	...	...	...	5·05	...	7·58	...	...	...	...	...	...	...	25·25	
Sultanpur	222	...	...	...	...	148·6	...	...	...	13·5	...	4·5	13·5	...	...	...	9·0	27·0	...	400·9	18·0
		...	...	...	...	...	...	...	...	4·50	...	...	...	...	...	...	...	...	...	9·01	
Rai Bareili	448	8·9	...	...	...	98·2	...	...	2·2	4·5	22·3	15·6	17·9	...	...	...	...	136·2	...	535·7	35·7
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2·23	

* Worked on the aggregates.

TABLE XLII—*continued.*

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS. For actuals see Table XLIII.

Jails.	Average annual strength.	1. Admission-rate- 2. Death-rate per 1,000 of strength.																			
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Average number constantly sick per
Partabgarh	125	...	...	...	...	152·0	...	...	...	8·0	8·0	8·0	24·0	...	...	...	32·0	104·0	...	560·0	16
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Jaunpur	231	...	...	...	...	186·1	...	...	...	4·3	13·0	26·0	17·3	...	...	...	26·0	181·8	...	645·0	26
		...	...	...	...	...	...	...	...	4·33	...	8·66	...	...	...	...	...	...	...	17·32	
Benares, Central.	1,292	...	...	2·3	...	152·5	...	...	7·0	7·7	13·2	27·9	24·0	...	...	17·8	6·2	76·6	...	510·8	23
		...	...	...	...	...	...	...	3·10	1·55	·77	·77	·77	...	...	...	·77	...	...	9·29	
,, District.	411	...	...	...	...	114·4	...	...	7·3	4·9	4·9	60·8	12·2	...	...	...	9·7	138·7	...	452·6	19
		...	...	...	...	2·43	...	...	2·43	2·43	...	9·73	4·87	...	...	...	4·87	...	...	31·63	
Mirzapur	230	...	...	8·7	...	369·6	...	...	13·0	17·4	78·3	60·9	34·8	...	...	...	...	139·1	...	1,082·6	39
		...	...	...	...	4·35	...	...	...	4·35	...	4·35	...	...	...	...	...	...	...	17·39	
Allahabad, Central.	1,497	...	...	...	...	221·1	...	...	9·4	2·7	32·1	51·4	68·1	...	...	...	5·3	163·0	...	809·0	39
		...	...	...	...	1·34	...	...	4·68	...	...	2·00	...	...	...	...	...	...	...	8·68	
,, District.	598	...	...	...	1·7	63·5	...	...	...	33·4	18·4	28·4	8·4	...	...	...	6·7	127·1	...	501·7	25
		...	...	...	...	...	...	...	...	3·34	...	1·67	...	...	...	...	...	...	...	8·36	
Karwi	32	...	...	...	...	250·0	...	...	...	...	31·2	156·2	...	...	...	...	...	93·8	...	625·0	31
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Banda	230	4·3	...	4·3	...	600·0	...	...	8·7	17·4	60·9	191·3	117·4	...	...	4·3	43·5	317·4	...	1,734·8	47
		...	...	...	...	4·35	...	...	...	8·70	4·35	17·39	...	...	...	...	...	4·35	...	47·83	
Fatehpur	222	22·5	...	...	...	815·3	...	...	4·5	13·5	85·6	54·1	49·5	...	18·0	...	81·1	328·8	...	1,909·9	63
		...	...	...	...	4·50	...	...	4·50	9·01	...	...	...	...	...	...	...	...	...	22·52	
Hamirpur	79	12·7	...	...	...	493·7	...	...	...	12·7	12·7	38·0	63·3	...	...	...	...	253·2	...	1,443·0	38
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Orai	157	...	...	...	...	598·7	...	...	25·5	12·7	31·8	44·6	63·7	...	...	...	6·4	146·5	...	1,165·6	51
		...	...	...	...	...	...	...	...	12·74	...	6·37	...	...	...	...	...	...	...	19·11	
Cawnpore	397	...	...	...	...	110·8	...	...	...	7·6	12·6	17·6	15·1	...	2·5	...	22·7	55·4	...	390·4	22
		...	...	...	...	2·52	...	...	...	2·52	...	2·52	...	...	...	...	...	...	...	17·63	
Unao	258	3·9	...	...	...	205·4	...	3·9	7·8	7·8	15·5	23·3	...	3·9	3·9	...	...	50·4	...	496·1	11
		...	...	...	...	3·88	...	...	3·88	...	...	...	...	...	...	...	...	...	...	7·75	
Lucknow, Central.	1,336	...	...	2·2	...	63·6	...	...	7·5	4·5	2·2	9·0	4·5	...	...	...	·7	37·4	...	227·5	15
		...	...	·75	...	...	...	...	5·99	1·50	...	...	...	...	...	...	...	...	...	8·98	
,, District.	351	...	...	...	...	54·1	...	...	...	...	...	5·7	5·7	...	...	...	2·8	91·2	...	233·6	17
		...	...	...	...	...	...	...	5·70	...	...	...	...	...	...	...	...	...	...	11·40	
Barabanki	425	...	...	...	2·4	105·9	...	32·9	2·4	4·7	14·1	16·5	30·6	...	...	...	4·7	134·1	...	632·9	21
		...	...	...	...	2·35	...	...	2·35	...	...	...	...	...	...	...	...	...	...	9·41	
Gonda	446	...	...	...	...	121·1	4·5	...	4·5	2·2	15·7	33·6	13·5	...	...	...	11·2	85·2	...	428·3	33
		...	...	...	...	...	2·24	...	2·24	2·24	...	6·73	2·24	...	...	...	...	...	...	22·42	
Bahraich	250	...	...	...	4·0	316·0	...	...	...	4·0	12·0	44·0	8·0	...	...	...	8·0	148·0	...	896·0	40
		...	...	...	4·00	4·00	...	...	...	...	...	4·00	...	...	...	...	...	...	...	16·00	
Kheri	286	...	...	...	...	213·3	...	...	...	10·5	10·5	14·0	14·0	...	...	...	...	108·4	...	615·4	21
		...	...	...	...	...	...	...	...	3·50	...	3·50	...	...	...	...	...	...	...	10·49	
Sitapur	378	...	...	...	...	26·5	...	...	...	13·2	7·9	10·6	5·3	...	...	...	...	45·0	...	230·2	13·2
		...	...	...	...	...	...	...	...	2·65	...	...	...	...	...	...	...	...	...	15·87	
Hardoi	321	...	...	...	...	121·5	...	...	6·2	6·2	12·5	12·5	3·1	...	...	...	3·1	15·6	...	277·3	9·3
		...	...	...	...	...	...	...	3·12	...	...	3·12	...	...	...	...	...	...	...	9·35	
Etawah	231	...	...	...	...	82·3	...	...	13·0	13·0	51·9	39·0	4·3	...	...	...	4·3	51·9	...	411·3	17·3
		...	...	...	...	4·33	...	...	...	...	...	8·66	...	...	...	...	...	...	...	12·99	
Mainpuri	293	...	...	...	...	474·4	6·8	10·2	3·4	17·1	23·9	75·1	68·3	...	37·5	...	...	146·8	...	1,010·2	64·8
		...	...	...	...	...	...	...	3·41	...	6·83	6·83	...	...	...	...	...	...	...	23·89	
Etah	267	...	...	...	...	494·4	...	...	26·2	37·5	15·0	26·2	18·7	...	7·5	...	74·9	164·8	...	1,217·2	67·4
		...	...	...	...	...	...	...	3·75	3·75	...	...	...	...	...	...	...	...	...	7·49	
Fatehgarh, Central.	1,601	...	...	...	·6	151·2	...	...	17·5	4·4	23·1	40·0	13·7	...	...	...	3·7	70·0	...	510·9	33·1
		...	...	...	...	·62	...	...	3·12	...	...	2·50	·62	...	...	...	...	...	...	10·62	
,, District.	375	...	...	2·7	2·7	173·3	...	...	8·0	26·7	37·3	128·0	45·3	...	...	...	...	69·3	...	624·0	21·3
		...	...	...	2·67	2·67	...	...	...	10·67	...	5·33	...	...	...	...	...	...	...	26·67	
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	21,389	2·8	·2	·9	·3	297·0	1·4	1·5	7·7	11·6	26·8	76·1	51·1	·1	1·4	1·3	11·0	94·9	...	792·8	32·6
		...	·05	·05	·14	1·12	·14	...	2·90	2·24	·47	2·90	·42	...	...	...	·37	·09	...	14·96	
A.																					
Shahjahanpur	316	28·5	...	...	...	189·9	...	...	3·2	9·5	...	47·5	25·3	...	...	...	3·2	107·6	...	642·4	25·3
		3·16	...	...	...	...	...	...	...	...	...	3·16	...	...	...	...	...	...	...	12·6	
Pilibhit	48	...	...	...	...	312·5	...	...	...	...	...	83·3	20·8	...	...	...	...	20·8	...	562·5	20·8
		...	...	...	...	20·83	...	...	...	...	...	...	...	...	...	...	...	...	...	20·83	
Bareilly, Central.	1,766	1·1	...	·6	·6	213·5	...	...	22·7	7·4	24·9	6·2	14·2	...	...	...	21·0	69·6	...	529·4	7·4
		...	...	·57	·57	1·70	...	...	2·83	1·13	·57	...	1·70	...	...	...	...	...	...	12·46	

* Worked on the aggregates.

Jails.	Average annual strength.	1. Admission-rate. 2. Death-rate per 1,000 of strength.																			Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough and Gangrene.	All Causes.	
Bareilly, District.	715	83·9	...	...	...	177·6	...	...	5·6	19·6	40·6	97·9	58·7	...	...	...	12·6	54·5	2·8	767·8	26·6
		6·99	...	...	...	1·40	...	...	...	6·99	1·40	1·40	1·40	...	...	...	...	...	1·4	26·57	
Budaon.	317	...	...	...	...	265·0	...	...	...	12·6	66·2	34·7	15·8	...	3·2	...	6·3	135·6	...	766·6	22·1
		...	...	...	...	...	...	...	...	3·15	3·15	...	...	...	...	...	...	...	...	15·77	
Aligarh	349	...	...	...	...	269·3	...	...	8·6	20·1	11·5	8·6	14·3	...	...	...	...	86·0	...	593·1	25·8
		...	...	...	...	...	...	...	8·60	...	...	2·87	...	...	...	...	...	...	...	11·46	
Bulandshahr.	232	...	4·3	...	...	142·2	...	...	...	8·6	25·9	56·0	21·6	...	8·6	...	4·3	69·0	...	538·8	34·5
		...	4·31	...	...	...	...	...	...	...	...	8·62	...	...	...	...	...	...	...	17·24	
Moradabad.	393	...	...	...	...	391·9	...	...	...	15·3	35·6	61·1	12·7	...	...	...	2·5	91·6	...	921·1	33·1
		...	...	...	...	2·54	...	...	...	7·63	2·54	5·09	...	...	...	...	...	...	...	20·36	
Bijnor.	255	...	3·9	...	...	457·0	...	...	...	3·9	7·8	23·4	3·9	...	...	...	7·8	101·6	...	781·2	3·4
		...	3·91	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3·91	
Dehra Dun.	63	...	...	...	...	254·0	...	...	...	31·7	15·9	...	...	...	...	...	15·9	79·4	...	571·4	31·7
		...	...	...	...	...	...	...	...	15·87	...	...	...	...	...	...	...	...	...	31·75	
Saharanpur.	306	45·8	3·3	...	3·3	555·6	16·3	16·3	3·3	55·6	29·4	340·0	104·6	...	...	...	75·2	124·2	...	1,774·5	68·6
		...	3·27	...	3·27	...	...	...	3·27	...	...	6·54	...	...	...	...	...	...	...	26·14	
Muzaffarnagar	167	...	...	...	...	287·4	...	...	18·0	29·9	71·9	47·9	12·0	...	...	...	...	101·8	6·0	724·6	35·9
		...	...	...	...	...	...	...	5·99	5·99	...	...	...	...	...	...	...	...	...	35·93	
Meerut.	574	10·5	...	...	...	405·9	1·7	...	7·0	13·9	24·4	76·7	29·6	...	...	...	19·2	73·2	...	832·8	29·6
		...	...	...	...	...	...	...	1·74	6·97	...	8·71	...	...	...	...	...	...	...	24·39	
Delhi.	455	...	...	2·2	...	433·0	...	...	6·6	37·4	2·2	105·5	68·1	...	...	...	120·9	156·0	...	1,024·2	35·2
		...	...	...	...	2·20	...	...	2·20	8·79	...	2·20	...	...	...	...	...	...	...	21·98	
Rohtak.	122	...	...	...	8·2	491·8	...	...	...	16·4	16·4	16·4	32·8	..	...	...	...	16·4	...	836·1	16·4
		...	...	...	...	...	...	...	...	8·20	...	...	...	...	...	...	...	...	...	24·59	
Hissar.	192	...	...	...	...	541·7	...	...	15·6	31·2	31·2	15·6	109·4	...	...	5·2	36·5	177·1	...	1,354·2	41·7
		...	...	...	...	...	...	...	5.21	...	...	...	...	...	...	...	...	...	...	15·62	
Karnal.	101	...	...	9·9	...	673·3	...	...	...	19·8	69·3	79·2	158·4	...	...	...	9·9	108·9	...	1,405·9	29·7
		...	...	...	...	...	...	...	...	9·90	9·90	...	...	...	...	...	...	...	...	29·70	
Umballa.	703	...	...	4·3	...	641·5	...	...	5·7	17·1	34·1	79·7	128·0	...	...	...	4·3	184·9	...	1,274·5	34·1
		...	...	...	...	1·42	...	...	7·11	7·11	2·84	8·53	...	...	...	...	...	1·42	...	31·29	
B.																					
Ludhiana.	232	...	...	...	...	569·0	4·3	...	12·9	17·2	25·9	60·3	60·3	...	...	...	8·6	51·7	...	883·6	12·9
		...	...	...	...	...	...	...	4·31	4·31	...	4·31	...	...	...	...	4·31	...	...	17·24	
Hoshiarpur.	68	...	...	...	...	573·5	...	...	...	14·7	14·7	29·4	14·7	...	...	...	44·1	147·1	...	1,279·4	29·4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14·71	
Jullundur.	236	...	...	...	...	216·1	4·2	...	...	8·5	21·2	84·7	46·6	...	...	...	...	80·5	...	580·5	12·7
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·24	
Ferozepore.	320	...	...	...	...	190·6	3·1	81·2	...	56·2	53·1	...	46·9	...	...	...	50·0	143·8	...	825·0	31·2
		...	...	...	...	...	3·12	...	...	15·62	...	...	...	...	...	...	...	...	...	37·50	
Amritsar.	162	...	...	...	...	895·1	...	...	...	12·3	24·7	92·6	61·7	...	...	...	37·0	92·6	...	1,475·3	30·9
		...	...	...	...	...	...	...	...	6·17	...	6·17	...	...	...	...	...	...	...	12·35	
Lahore, Central.	1,502	...	...	...	2·0	645·8	·7	...	12·6	6·0	39·3	64·6	75·2	...	...	...	2·0	197·1	...	1,268·3	34·0
		...	...	...	2·00	...	...	...	6·66	1·33	1·33	2·66	...	...	...	...	...	·67	...	17·98	
,, District	520	...	...	3·8	...	340·4	1·9	...	3·8	34·6	48·1	132·7	103·8	...	...	...	...	153·8	...	1,032·7	30·8
		...	...	1·92	...	...	...	...	1·92	11·54	5·77	15·38	1·92	...	...	...	...	...	...	46·15	
,, Female	108	...	...	...	...	537·0	...	...	9·3	...	92·6	37·0	18·5	...	...	...	...	92·6	...	963·0	18·5
		...	...	...	...	...	...	...	9·26	...	...	...	9·26	...	...	...	...	...	...	27·78	
Gurdaspur.	193	...	...	...	...	207·3	5·2	...	...	41·5	5·2	72·5	25·9	...	...	...	...	25·9	...	466·3	10·4
		...	...	...	...	...	...	...	...	5·18	...	...	...	...	...	...	...	...	...	5·18	
Gujranwala.	338	...	...	...	...	319·5	...	56·2	3·0	44·4	20·7	8·9	68·0	...	...	...	14·8	124·3	...	825·4	20·7
		...	...	...	...	...	...	...	2·96	...	...	...	...	...	...	...	...	...	...	5·92	
Sialkot.	326	...	...	3·1	...	358·9	...	...	...	21·5	21·5	52·1	6·1	...	...	...	...	27·6	...	592·0	12·3
		...	...	3·07	...	...	...	...	...	3·07	...	...	...	...	...	...	...	...	...	9·20	
Gujrat.	90	...	...	11·1	...	444·4	...	...	11·1	...	11·1	111·1	11·1	...	...	...	11·1	44·4	...	777·8	11·1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Mung Rasul, Central.	202	203·0	...	...	...	108·9	...	...	5·0	19·8	84·2	5·0	...	...	...	...	9·9	108·9	...	866·3	19·8
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·95	...	9·90	
Jhelum.	258	...	...	...	...	868·2	...	...	...	3·9	...	81·4	46·5	...	...	...	11·6	100·8	...	1,170·5	23·3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Rawalpindi.	804	...	...	...	...	568·4	...	...	2·5	27·4	24·9	44·8	51·0	...	...	...	32·3	130·6	1·2	1,148·0	33·6
		...	...	...	...	...	...	...	2·49	8·71	...	1·24	2·49	...	...	...	1·24	...	...	17·41	
GROUP VI.—UPPER SUB-HIMALAYA.	12,434	10·6	·2	·8	·5	406·1	1·0	4·0	7·7	18·7	30·2	60·6	49·4	...	·2	·1	17·8	112·5	·3	917·2	30·5
		·48	·24	·24	·40	·64	·08	...	2·73	4·18	·97	2·90	·64	...	...	...	·16	·24	·08	18·90	

TABLE XLII—*continued.*

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII.

JAILS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Average number constantly sick per
						1. ADMISSION-RATE.					2. DEATH-RATE PER 1,000 OF STRENGTH.										
A																					
Peshawar	528	...	...	...	...	229·2	...	...	5·7	15·2	24·6	47·3	11·4	...	...	...	11·4	1 3·7	...	606·1	32·
		...	...	...	...	1·89	...	...	...	7·58	...	...	...	...	...	...	1·89	...	...	17·05	
Kohat	131	...	7·6	...	...	1,015·3	...	...	...	15·3	30·5	53·4	22·9	...	...	...	15·3	236·6	...	1,679·4	30·
		...	...	...	...	7·63	...	...	...	...	...	7·63	...	...	...	...	...	...	...	22·90	
Bannu	152	...	...	...	...	388·2	...	...	...	6·6	39·5	19·7	52·6	...	...	...	26·3	111·8	...	894·7	19·
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6·58	...	...	6·58	
Shahpur	237	...	...	...	...	730·0	4·2	...	...	12·7	29·5	21·1	97·0	...	...	...	8·4	113·9	...	1,211·0	29·
		...	...	...	...	...	4·22	...	...	...	4·22	...	...	...	...	...	...	...	...	8·44	
Mianwali	317	...	...	9·5	...	309·1	...	...	...	...	6·3	41·0	350·2	...	...	...	6·3	227·1	...	1,359·6	34·
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3·15	
Lyallpur	260	...	30·8	...	...	242·3	...	...	...	11·5	11·5	11·5	26·9	...	...	...	23·1	130·8	3·8	673·1	23·
		...	7·69	...	...	...	...	...	...	7·69	...	...	3·85	...	...	...	...	...	3·85	30·77	
Jhang	251	...	...	...	...	653·4	12·0	...	8·0	27·9	59·8	55·8	75·7	...	...	...	15·9	99·6	...	1,187·3	35·
		...	...	...	...	...	3·98	...	7·97	3·98	...	...	...	...	...	...	...	...	...	23·90	
Montgomery, Central.	1,934	...	...	...	...	204·2	...	...	8·8	10·3	24·3	12·4	36·2	...	...	...	11·4	83·2	...	510·3	24·
		...	...	...	...	...	...	...	3·62	3·62	2·59	·52	...	...	...	...	·52	...	...	17·06	
Mooltan, Central.	1,265	...	...	...	...	400·0	·8	...	8·7	19·8	22·9	31·6	37·9	...	...	·8	94·1	80·6	...	846·6	43·
		...	...	...	...	1·58	·79	...	4·74	3·16	...	3·16	...	...	...	·79	...	...	...	23·72	
" District.	645	69·8	1·6	...	...	173·6	...	...	10·9	34·1	23·3	40·3	82·2	...	...	...	23·3	48·1	...	869·8	35·
		...	1·55	...	...	...	...	...	...	9·30	1·55	...	...	...	...	...	...	...	...	18·60	
Dera Ismail Khan.	391	...	...	...	2·6	902·8	...	...	7·7	7·7	53·7	79·3	61·4	...	10·2	...	...	179·0	...	1,695·7	40·
		...	...	...	2·56	...	...	...	...	2·56	...	2·56	2·56	...	...	...	...	...	...	17·90	
Dera Ghazi Khan.	297	...	...	26·9	...	272·7	...	10·1	...	30·3	47·1	40·4	33·7	...	...	...	3·4	114·5	...	717·2	16·
		...	...	...	...	...	...	...	...	6·73	...	...	...	...	...	...	...	...	...	10·10	
C																					
Shikarpur	495	...	...	4·0	...	185·9	...	...	12·1	52·5	34·3	42·4	40·4	...	2·0	2·0	6·1	26·3	...	478·8	22·
		...	...	2·02	...	...	...	...	6 06	16·16	...	2·02	4·04	...	...	...	...	...	...	34·34	
Sind Gang	292	...	...	...	...	133·6	10·3	...	...	284·4	51·4	24·0	20·5	...	...	...	10·3	68·5	...	705·5	24·
		...	...	...	...	...	...	...	...	109·59	3·42	3·42	3·42	...	...	...	...	...	...	126·71	
Hyderabad, Central.	681	...	...	2·9	...	70·5	...	...	8·8	23·5	52·8	66·1	4·4	...	8·8	10·3	7·3	5·9	...	395·0	16·
		...	...	...	...	2·94	...	...	1·47	8·81	8·81	5·87	...	...	...	1·47	1·47	...	...	36·71	
Kurrachee	227	...	...	4·4	...	185·0	4·4	...	4·4	13·2	39·6	88·1	83·7	...	8·8	4·4	52·9	118·9	...	933·9	39·
		...	...	...	...	...	4·4	...	4·41	8·81	...	...	8·81	...	...	...	4·41	...	...	57·27	
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.	8,103	5·6	1·2	2·0	·1	305·9	1·1	·4	6·9	28·5	31·2	36·5	53·1	...	1·6	1·2	25·4	94·4	·1	775·8	29·
		..	·37	·12	·12	·74	·49	...	2·47	9·26	1·73	1·60	·86	...	...	·25	·62	...	·12	25·55	
A																					
Rajkot	103	...	...	...	...	417·5	...	...	...	19·4	38·8	19·4	29·1	...	9·7	...	...	77·7	...	941·7	·
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	
Ahmedabad Central.	956	...	...	1·0	...	33·5	...	...	13·6	18·8	23·0	49·2	8·4	...	1·0	...	3·1	17·8	...	234·3	13·
		...	...	...	...	...	...	...	5·23	6·28	1·05	2·09	...	...	...	...	1·05	...	...	26·15	
B																					
Ajmer	470	...	...	...	...	61·9	...	...	4·8	16·7	11·9	9·5	4·8	...	...	...	...	88·1	...	390·5	16·
		...	...	...	...	...	...	...	2·38	4·76	...	...	...	...	...	...	...	...	...	7·14	
Muttra	184	...	...	...	...	233·7	...	...	5·4	16·3	16·3	21·7	16·3	...	5·4	...	5·4	103·4	...	587·0	27·
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5·43	
Agra, Central	1,912	...	6·2	...	...	507·8	·5	...	5·2	17·3	39·7	58·1	47·1	...	...	...	9·4	146·4	·5	1,103·6	59·
		...	5·23	...	...	...	...	...	4·71	3·14	1·57	2·62	1·05	...	...	...	...	...	...	24·06	
" District	419	...	...	...	...	305·5	...	...	9·5	9·5	21·5	38·2	59·7	...	7·2	...	7·2	188·5	...	902·1	40·
		...	...	...	...	...	...	...	2·39	2·39	...	...	...	...	...	...	...	...	...	9·55	
Jhansi	208	28·8	...	...	...	163·5	...	...	28·8	24·0	38·5	38·5	14·4	...	9·6	...	43·3	187·5	...	956·7	62·
		...	...	...	...	...	...	...	9·62	9·62	...	4·81	...	...	...	...	...	...	...	24·04	
Lalitpur	59	...	...	...	...	339·0	...	...	...	16·9	50·8	50·8	33·9	...	...	...	...	220·3	...	1,016·9	15·
		...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	
GROUP VIII.—S. E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	4,261	1·4	2·8	·2	...	304·4	·2	...	8·4	17·1	30·5	45·8	31·9	...	1·9	...	8·0	116·6	·2	783·9	40·4
		...	2·35	...	...	...	...	...	4·22	3·99	·94	1·88	·47	...	...	...	·23	...	...	19·71	

Jails.	Average annual strength.	1. Admission-rate. 2. Death-rate per 1,000 of strength. Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Average number constantly sick per 1,000 of strength.
A.																					
Damoh	44	... ...	... ...	... ...	... ...	227·3 ...	... ...	... ...	... ...	... ...	22·7 ...	136·4 22·73	22·7 22·73	... ...	... ...	... ...	... ...	22·7 ...	... ...	568·2 45·45	22·7
Saugor	118	... ...	... ...	... ...	... ...	415·3 ...	... ...	... ...	8·5 ...	16·9 ...	59·3 8·47	110·2 8·47	76·3 ...	... ...	... ...	... ...	93·2 ...	110·2 ...	... ...	1,228·8 25·42	101·7
Jubbulpore Central.	879	220·7 1·14	... ...	... ...	... ...	143·3 ...	... ...	... ...	10·2 3·41	19·3 ...	55·7 1·14	36·4 1·14	31·9 1·14	... ...	... ...	... ...	5·7 ...	56·9 ...	... ...	786·1 18·20	34·1
Narsinghpur	49	... ...	... ...	... ...	... ...	221·5 ...	20·4 ...	... ...	... ...	... ...	... ...	... ...	40·8 20·41	... ...	... ...	... ...	... ...	20·4 ...	... ...	449·0 20·41	20·4
Mandla	58	... ...	... ...	... ...	... ...	500·0 ...	... ...	... ...	... ...	... ...	51·7 ...	120·7 ...	86·2 ...	... ...	... ...	... ...	... ...	17·2 ...	... ...	1,241·4 ...	34·5
Bilaspur	140	... ...	... ...	... ...	... ...	7·1 ...	... ...	... ...	... ...	7·1 ...	.. ...	50·0 ...	14·3 7·14	... ...	... ...	... ...	14·3 7·14	28·6 ...	... ...	242·9 1·429	7·1
Sambalpur	141	... ...	... ...	... ...	... ...	524·8 ...	... ...	... ...	14·2 14·18	7·1 ...	120·6 ...	148·9 ...	85·1 ...	... ...	... ...	... ...	28·4 ...	227·0 ...	... ...	1,496·5 21·28	42·6
Raipur Central.	591	... ...	... ...	... ...	... ...	214·9 1·69	... ...	... ...	1·7 1·69	5·1 1·69	16·9 ...	86·3 5·08	22·0 ...	... ...	... ...	... ...	11·8 ...	38·9 ...	... ...	582·1 18·61	15·2
Balaghat	67	... ...	... ...	... ...	... ...	209·0 ...	... ...	... ...	... ...	... ...	29·9 ...	29·9 14·93	44·8 ...	.. ...	... ...	... ...	... ...	89·6 ...	... ...	522·4 29·85	14·9
Seoni	46	... ...	... ...	... ...	... ...	326·1 ...	... ...	... ...	... ...	... ...	173·9 ...	108·7 ...	... ...	... ...	... ...	... ...	... ...	43·5 ..	... ...	891·3 ...	21·7
Chhindwara	66	... ...	... ...	... ...	... ...	45·5 ...	... ...	... ...	... ...	15·2 ...	... ...	15·2 15·15	... ...	... ...	... ...	... ...	... ...	... ...	... ...	121·2 15·15	3·9*
Hoshangabad	88	... ...	... ...	... ...	... ...	1,113·6 ...	... ...	... ...	... ...	11·4 ...	56·8 ...	181·8 ...	295·5 ...	... ...	... ...	... ...	34·1 ...	147·7 ...	... ...	2,318·2 ...	56·8
Nimar	100	... ...	... ...	... ...	... ...	400·0 ...	... ...	... ...	10·0 ...	20·0 10·00	30·0 20·00	50·0 10·00	50·0 ...	... ...	... ..	... ...	40·0 20·00	80·0 ...	... ...	1,140·0 100·00	50·0
Betul	53	... ...	... ...	... ...	... ...	150·9 ...	... ...	... ...	... ...	37·7 ...	18·9 ...	37·7 ...	... ...	... ...	... ...	... ...	... ...	169·8 ...	... ...	547·2 ...	18·9
Nagpur Central	671	129·7 ...	... ...	... ...	... ...	372·6 ...	... ...	... ...	6·0 4·47	3·0 1·49	37·3 ...	14·9 1·49	28·3 ...	... ...	... ...	... ...	6·0 1·49	58·1 ...	... ...	794·3 8·94	19·4
Bhandara	84	... ...	... ...	11·9 ...	... ...	154·8 ...	... ...	178·6 ...	... ...	... ...	... ...	35·7 11·90	... ...	... ...	... ...	... ...	... ...	107·1 ...	... ...	761·9 35·71	23·8
Wardha	55	36·4 ...	... ...	... ...	... ...	363·6 ...	18·2 ...	... ...	... ...	... ...	18·2 ...	90·9 18·18	127·3 ...	... ...	... ...	... ...	18·2 ..	90·9 ...	... ...	1,054·5 18·18	18·2
Chanda	55	... ...	... ...	... ...	... ...	563·6	... ...	... ...	... ...	18·2 ...	72·7 ...	36·4 ...	18·2 ...	... ...	... ...	... ...	18·2 ...	236·4 ...	... ...	1,254·5 ...	54·5
Sironcha	3	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1333·3 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1,333·3 ...	21·9*
B.																					
Secunderabad	72	... ...	... ...	... ...	... ...	194·4 ...	... ...	... ...	... ...	13·9 ...	97·2 ...	27·8 ...	13·9 ...	... ...	... ...	... ...	27·8 ...	180·6 ...	.. ...	986·1 ...	27·8
Yeotmahl	32	... ...	... ...	... ..	... ...	312·5 ...	... ...	... ...	... ...	... ...	31·2 ...	31·2 ...	... ...	... ...	... ...	... ...	31·2 ...	93·8 ...	... ...	843·8 ...	31·2
Amraoti Central.	289	... ...	... ...	... ...	... ...	269·9 ...	... ...	... ...	... ...	13·8 ...	17·3 3·46	13·8 ...	3·5 ...	... ...	6·9 ...	31·1 ...	17·3 ...	27·7 ...	... ...	564·0 13·84	13·8
Ellichpur	24	... ...	... ...	... ...	... ...	41·7 ...	... ...	... ...	... ...	41·7 41·67	... ...	... ...	... ...	... ...	... ...	... ...	41·7 ...	... ...	... ...	125·0 41·67	10·9*
Akola Central	341	... ...	... ...	... ...	... ...	601·2 ...	8·8 ...	14·7 ...	14·7 2·93	38·1 5·87	26·4 ...	38·1 ...	29·3 ...	... ...	... ...	... ...	14·7 5·87	58·7 ...	... ...	1,099·7 23·46	26·4
Basim	34	... ...	... ...	... ...	... ...	117·6 ...	... ...	29·4 ...	58·8 ...	... ...	29·4 ...	29·4 ...	29·4 ...	... ...	... ...	... ...	29·4 ...	88·2 ...	... ...	764·7 ...	29·4
Buldana	47	... ...	... ...	... ...	... ...	234·0 ...	... ...	... ...	... ...	... ...	85·1 ...	21·3 ...	... ...	... ...	... ...	... ...	42·6 ...	127·7 ...	... ...	617·0 ...	21·3
Dhulia	404	... ...	... ...	... ...	... ...	262·4 ...	... ...	... ...	... ...	14·9 2·48	17·3 ...	42·1 ...	7·4 ...	... ...	... ...	... ...	5·0 ...	86·6 ...	... ...	641·1 4·95	22·3
Yerrowda Central.	1,469	... ...	... ...	... ...	... ...	43·6 ...	1·4 ...	... ...	2·0 ·68	4·1 ·68	37·4 1·36	14·3 ·68	7·5 ...	... ...	... ...	... ...	3·4 ...	73·5 ...	... ...	386·7 6·81	21·1
Bijapur	301	... ...	... ...	... ...	... ..	136·2 ...	... ...	... ...	3·3 3·32	26·6 3·32	16·6 ...	69·8 ...	6·6 ...	3·3 ...	... ...	... ...	... ...	66·4 ...	... ...	584·7 9·97	33·2
Deccan Gang	766	... ...	... ...	... ...	... ...	99·2 2·61	5·2 ...	26·1 ...	1·3 1·31	10·4 1·31	20·9 ...	9·1 1·31	11·7 ...	... ...	... ...	... ...	6·5 ...	205·0 ...	... ...	596·6 9·14	31·3
Dharwar	353	... ...	... ...	... ...	2·8 2·83	68·0 ...	... ...	... ...	11·3 5·67	8·5 ...	56·7 ...	82·2 5·67	48·2 ...	... ...	2·8 ...	... ...	2·8 ...	2·8 ...	... ...	356·9 22·66	17·0
GROUP IX.—DECCAN.	7,440	38·0 ·13	... ...	·1 ...	·1 ·13	208·7 ·40	1·5 ...	5·5 ..	4·6 2·02	11·2 1·34	35·8 ·94	41·5 2·15	25·3 ·54	·1 ...	·4 ...	1·2 ...	9·7 ·81	81·0 ...	... ...	66·8 [illegible]	25·8

* Worked on the aggregates.

TABLE XLII—*continued.*

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII.

Jails.	Average annual strength.	1. Admission-rate. 2. Death-rate per 1,000 of strength.																			Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	
Thana	721	...	...	...	1·4	170·6	...	2·8	8·3	9·7	58·3	49·9	48·5	...	...	4·2	15·3	56·9	...	618·6	30·5
		...	...	...	1·39	...	...	...	5·55	2·77	2·77	...	...	...	...	...	...	...	...	20·80	
Bombay Common.	427	...	...	7·0	...	402·8	4·7	...	7·0	16·4	30·4	9·4	77·3	...	...	...	7·0	49·2	...	988·3	23·4
		...	...	...	...	2·34	2·34	...	2·34	2·34	2·34	4·68	4·68	...	...	...	...	...	...	49·18	
Bombay House of Correction.	264	...	...	...	...	257·6	...	...	18·9	15·2	18·9	15·2	147·7	3·8	3·8	...	3·8	94·7	...	837·1	53·0
		...	...	...	...	...	...	...	18·94	11·36	...	...	...	3·88	...	...	...	...	...	60·61	
Ratnagiri.	129	...	...	...	...	7·8	...	...	...	...	23·3	139·5	7·8	...	...	...	7·8	23·3	...	325·6	38·8
		...	...	...	...	...	...	...	...	...	...	7·75	7·75	...	...	...	...	...	...	15·50	
Karwar	181	...	...	...	...	5·5	16·6	...	...	5·5	16·6	5·5	22·1	...	...	5·5	5·5	22·1	...	292·8	16·6
		...	...	...	...	...	5·52	...	...	...	...	...	...	...	...	...	...	...	...	27·62	
Mangalore	112	...	...	...	8·9	107·1	17·9	...	...	...	...	62·5	...	...	...	...	...	8·9	...	366·1	17·9
		...	...	...	...	8·93	...	...	...	...	...	...	...	...	...	...	...	...	...	8·93	
Cannanore Central	763	...	...	1·3	7·9	51·1	2·6	...	11·8	10·5	10·5	10·5	...	1·3	...	...	9·2	15·7	...	275·2	14·4
		...	...	...	1·31	...	...	...	2·62	2·62	1·31	...	...	1·31	...	...	3·93	...	...	17·04	
GROUP X.—WESTERN COAST.	2,597	...	...	1·5	3·1	160·2	3·5	·8	8·9	10·4	28·5	30·0	43·1	·8	·4	1·5	9·2	41·2	...	552·6	25·8
		...	...	...	·77	·77	·77	...	4·62	3·08	1·54	1·16	1·16	·77	...	...	1·16	...	...	28·11	
A.																					
Bellary	474	...	...		...	120·3	...	21·1	14·8	12·7	19·0	...	...	...	...	...	...	57·0	...	459·9	23·2
		...	...	...	...	4·22	...	...	6·33	4·22	...	...	...	...	...	...	...	...	...	16·88	
Salem Central	602	...	...	...	1·7	61·5	...	...	11·6	10·0	28·2	11·6	...	1·7	...	...	...	18·3	...	222·6	11·6
		...	...	...	...	...	...	...	1·66	1·66	...	1·66	...	1·66	...	...	...	...	...	9·97	
Coimbatore Central	1,036	...	...	...	3·9	66·6	...	45·4	6·8	6·8	41·5	49·2	40·5	...	...	...	12·5	67·6	...	526·1	26·1
		...	...	...	·97	·97	...	...	4·83	·97	...	4·83	...	...	...	...	...	...	...	21·24	
B.																					
Palamcottah	340	...	...	...	...	35·3	8·8	8·8	20·6	11·8	17·6	20·6	...	...	...	...	...	29·4	...	326·5	14·7
		...	...	...	...	...	...	...	2·94	2·94	...	...	...	...	...	...	...	...	...	11·76	
Madura	411	...	...	...	...	53·5	...	2·4	19·5	12·2	21·9	92·5	...	...	...	...	2·4	36·5	...	425·8	17·0
		...	...	...	...	...	...	...	7·30	4·87	...	4·87	...	...	...	...	...	...	...	24·33	
Trichinopoly Central	740	...	2·7	...	...	136·5	...	...	12·2	5·4	28·4	44·6	...	...	...	...	1·4	45·9	...	571·6	17·6
		...	2·70	...	...	2·70	...	...	5·41	5·41	...	1·35	...	...	...	...	...	...	...	31·08	
Tanjore	325	...	...	...	...	52·3	12·3	9·2	9·2	3·1	18·5	104·6	...	...	...	...	6·2	43·1	...	424·6	18·5
		...	...	...	...	...	...	...	...	3·08	...	9·23	...	...	...	...	...	...	...	30·77	
Cuddalore	314	...	...	...	...	51·0	...	...	6·4	...	15·9	66·9	3·2	...	...	...	3·2	15·9	...	359·9	22·3
		...	...	...	...	...	...	...	3·18	...	...	...	...	...	...	...	...	...	...	9·55	
Vellore Central	1,052	...	...	...	...	25·4	...	66·9	10·4	8·5	11·3	34·8	...	...	...	...	1·9	68·7	...	430·3	24·5
		...	...	...	...	...	...	...	2·82	2·82	...	·4	...	...	...	...	...	...	...	16·95	
Madras Civil	25	...	...	...	...	...	...	...	...	...	40·0	40·0	...	...	...	...	...	...	...	200·0	*8·5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Madras Penitentiary, Central.	899	...	4·4	...	...	159·1	...	...	28·9	10·0	48·9	126·8	...	...	...	...	...	17·8	...	556·2	25·6
		...	2·22	...	...	1·11	...	...	1·11	2·22	1·11	2·22	...	...	...	...	...	...	...	17·80	
Nellore	213	...	4·7	...	...	70·4	4·7	37·6	9·4	9·4	84·5	37·6	...	...	...	...	...	42·3	...	408·5	14·1
		...	...	...	...	4·69	4·69	...	9·39	9·39	...	4·69	...	...	...	...	...	...	...	37·56	
C.																					
Rajamundry Central.	833	...	...	...	...	166·9	2·4	...	6·0	14·4	20·4	32·4	1·2	...	...	...	9·6	22·8	1·2	425·0	15·6
		...	...	...	...	1·20	1·20	...	1·20	2·40	1·20	...	...	...	...	...	...	...	...	12·00	
Vizagapatam	462	...	...	...	...	69·3	...	...	10·8	19·5	17·3	26·0	15·2	...	...	...	...	4·3	...	227·3	17·3
		...	...	...	...	...	...	...	2·16	4·33	...	...	2·16	...	...	...	...	...	...	12·99	
Berhampur	129	...	108·5	...	7·8	100·8	...	7·8	...	7·8	77·5	7·8	124·0	...	...	...	7·8	7·8	...	689·9	31·0
		...	54·26	...	7·75	...	...	...	...	...	...	...	...	...	...	...	...	...	...	69·77	
GROUP XI.—SOUTHERN INDIA.	7,865	...	2·7	...	·8	89·0	1·3	18·3	12·6	9·5	28·7	49·7	8·5	·1	...	...	3·7	38·9	·1	439·2	20·3
		...	1·40	...	·25	1·02	·25	...	3·31	2·92	·25	2·03	·13	·13	...	...	...	...	...	19·45	

* Worked on the aggregate.

Jails.	Average annual strength.	1. Admission rate. 2. Death-rate per 1,000 of strength.																			Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	
Shillong	36	... ...	... ...	... ...	... ...	166·7 ...	... ...	... ...	... ...	... ...	27·8 ...	... ...	... ...	... ...	.. ...	... ...	... ...	... ...	... ...	305·6 ...	10·4*
Darjeeling	101	... ...	... ...	... ...	39·6 19·80	732·7 ...	9·9 ...	89·1 ...	9·9 9·90	29·7 9·90	49·5 9·90	277·2 19·80	19·8 ...	... ...	... ...	... ...	9·9 ...	59·4 ...	... ...	1,604·0 69·30	59·4
Almora	59	... ...	... ...	... ...	... ...	101·7 16·95	... ...	... ...	... ...	16·9 16·95	33·9 ...	33·9 16·95	33·9 ...	.. ...	... ...	... ...	... ...	50·8 ...	... ...	474·6 50·85	16·9
Pauri	11	... ...	... ...	... ...	... ...	363·6 ...	... ...	... ...	... ...	... ...	... ...	... ..	272·7 ...	... ...	... ...	... ...	181·8 ...	181·8 ...	... ...	1,545·5 ...	90·9
Simla	17	... ...	... ...	... ...	... ...	294·1 ..	58·8 58·82	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	58·8 ...	... ...	.. ...	470·6 58·82	11·2*
Dharmsala	8	... ...	... ...	125·0 ...	... ...	... ...	... ...	... ...	... ...	... ...	125·0 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	500·0 ...	30·6*
Abbottabad	85	... ...	... ...	... ...	... ...	305·9 ...	... ...	... ...	... ...	23·5 ...	11·8 ...	70·6 ...	35·3 ...	... ...	... ...	... ...	... ...	58·8 ...	... ...	705·9 ...	23·5
Quetta	57	... ...	... ...	... ...	... ...	771·9 ...	... ...	... ...	... ...	35·1 ...	17·5 ...	193·0 ...	17·5 ...	.. ...	... ...	... ...	... ...	491·2 ...	... ...	2,736·8 ...	35·1
Mercara	72	... ...	... ...	... ...	... ...	83·3 ...	... ...	... ...	... ...	13·9 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	27·8 ..	... ...	194·4 13·8	13·9
Russellkonda	113	... ...	... ...	17·7 ...	... ...	141·6 ...	... ...	... ...	... ...	... ...	35·4 ...	79·6 8·85	17·7 ...	... ...	... ...	... ...	53·1 ...	53·1 ...	... ...	557·5 26·55	17·7
Group XII.—Hills.	559	... ...	... ...	5·4 ...	7·2 3·58	334·5 1·79	3·6 1·79	16·1 ...	1·8 1·79	16·1 3·58	26·8 1·79	100·2 7·16	23·3 ...	... ...	... ...	... ...	17·9 ...	93·0 ...	... ...	935·6 26·83	26·8
Extra India—Aden	31	... ...	... ...	... ...	... ...	96·8 ...	... ...	... ...	... ...	... ...	... ...	32·3 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	129·0 ...	2·5*
INDIA	101,717	9·6 ·13	1·0 ·56	·6 ·06	·4 ·25	363·6 ·94	2·1 ·36	5·3 ·01	9·3 3·85	13·6 3·62	37·2 ·78	88·8 3·73	47·1 ·93	·1 ·07	·8 ...	·8 ·02	10·4 ·38	79·8 ·05	·1 ·03	889·5 21·38	34·8
Andamans	13,037	11·0 ...	... ...	... ...	... ...	1,102·2 1·38	5·1 1·38	... ...	13·3 8·51	13·7 5·06	104·5 1·23	133·3 7·44	82·8 2·07	·5 ·31	... ...	1·6 ...	... ...	64·0 ...	... ...	1,880·4 34·21	66·6
Burma	11,187	2·9 ...	1·4 ·63	... ...	·7 ·63	120·4 ·36	2·4 ·27	15·8 ...	7·5 3·22	7·7 2·15	13·8 ·36	48·4 3·22	25·3 ·89	... ...	·1 ...	·2 ...	4·4 ·54	77·5 ...	1 ...	474·5 17·07	20·8
Assam	1,134	29·1 ...	3·5 2·65	5·3 ...	... ...	200·2 2·65	2·6 ...	... ...	7·1 1·76	5·3 ·88	24·7 ...	255·7 13·23	50·3 2·65	... ...	... ...	... ...	22·9 4·41	30·0 ...	·9 ...	737·2 31·75	33 5
Bengal	18,419	14·4 ·33	1·7 1·09	·2 ·05	·5 ·27	362·6 1·52	3·0 ·27	5·6 ·05	12·5 4·40	12·9 3·31	30·7 ·43	205·9 5·05	78·5 1·36	·1 ...	1·7 ...	·4 ...	12·1 ·43	58·7 ·05	·1 ·05	1,045·6 23·62	39·9
United Provinces.	23,141	5·8 ·26	·6 ·56	·8 ·09	·3 ·17	237·4 ·95	·5 ·04	1·0 ...	7·7 2·59	12·0 2·46	25·9 ·65	46·4 2·85	28·0 ·48	·0 ...	1·2 ...	1·1 ...	12·4 ·13	106·8 ·04	·2 ·04	701·3 15·56	35·5
Punjab	12,163	7·1 ...	·7 ·25	1·7 ·16	·3 ·25	420·8 ·33	1·0 ·41	3·9 ...	6·3 3·12	19·6 4·69	29·0 1·23	47·4 2·22	66·3 ·41	... ...	... ...	·2 ·08	25·1 ·25	118·0 ·25	·2 ·08	938·2 19·16	29·5
N.-W. Frontier Province.	1,287	... ...	·8 ...	... ...	·8 ·78	537·7 1·55	... ...	... ...	4·7 ...	12·4 3·89	35·0 ...	55·9 1·55	34·2 ·78	... ...	3·1 ...	... ...	9·3 1·55	170·9 ...	... ...	1,087·0 15·54	32 6
Bombay	7,80 0	... ...	... ...	1·2 ·13	·3 ·26	125·0 ·64	1·9 ·38	2·8 ...	6·3 3·20	25·4 8·20	34·9 1·67	38·6 1·92	27·3 1·03	·3 ·13	1·7 ...	1·7 ·13	7·2 ·38	64·6 ...	... ...	515·3 26·41	24·1
Central Provinces	4,075	69·4 ·25	... ...	·2 ...	... ...	301·3 ·25	1·2 ...	5·2 ...	6·1 2·45	12·5 1·47	38·3 1·23	52·0 2·94	35·6 ·98	... ...	·5 ...	2·2 ...	14·0 1·47	66·0 ...	... ...	816·2 18·16	27·0
Madras	8,853	...	2·4 1·24	·3 ...	1·5 ·3	86·6 1·02	1·6 ·23	16·3 ...	12·2 3·16	9·4 2·82	26·9 ·34	46·9 1·92	7·8 ·11	·2 ·23	... ...	... ...	4·7 ·34	36·7 ...	·1 ...	425·6 19·20	19·8

* Worked on the aggregates.

TABLE XLIII.

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

1. ADMISSIONS. 2. DEATHS.

JAILS	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
Port Blair	13,037	143	...	...	...	14,370	66	...	173	179	1,363	1,738	1,079	6	...	21	...	835	...	24,515	1	1	6	...	...	868
		...	...	...	...	18	18	...	111	66	16	97	27	4	...	...	...	...	...	446	...	...	...	...	...	
Mergui	68	...	...	...	...	12	...	...	...	...	...	7	5	...	...	...	1	1	...	38	...	...	...	...	...	2
		...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	3	...	...	...	...	...	
Tavoy	63	...	...	...	...	4	...	...	...	...	...	2	...	...	...	...	...	...	..	13	...	1	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	
Moulmein	460	...	...	...	1	22	...	1	5	3	13	37	25	...	...	...	1	71	...	285	1	...	...	...	...	13
		...	...	...	...	...	...	...	2	..	1	3	...	...	...	...	...	...	...	7	...	...	...	...	..	
Shwegyin	125	...	...	...	...	17	...	...	...	1	4	3	2	...	...	...	...	10	...	50	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	..	...	...	
Toungoo	366	...	...	...	...	19	...	...	1	...	...	8	1	...	...	...	...	24	...	93	...	...	...	...	...	5
		...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	..	
Rangoon Central, (Europeans)	15	...	...	...	...	2	...	3	...	...	...	2	...	...	...	...	...	...	...	8	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Rangoon Central, (Natives)	2,090	...	...	...	...	252	...	116	14	25	27	65	27	...	...	2	2	256	...	1,300	...	...	...	...	...	56
		...	...	...	...	...		...	13	3		1	...	...	...	...	...	...	...	29	...	...	...	...	...	
Maubin	331	6	6	...	...	21	...	...	1	3	4	13	10	...	...	...	...	25	...	143	...	1	...	...	...	6
		...	...	...	...	...	...	...	1	1	...	3	1	...	...	...	...	...	...	9	...	...	...	...	.	
Myaungmya	430	...	...	...	...	76	10	...	4	...	3	48	23	...	...	...	...	90	...	283	...	...	...	...	...	12
		...	...	...	...	...	2	...	1	...	...	1	...	...	...	...	...	...	...	4	...	...	...	...	...	
Bassein Central	730	...	...	...	1	34	...	27	13	8	1	8	1	...	...	...	...	70	...	266	...	...	...	...	...	14
		...	...	...	1	...	...	...	...	2	...	1	...	...	...	...	...	...	...	10	...	...	...	...	...	
Insein Central	1,925	...	...	...	2	225	...	11	8	3	7	10	...	...	...	...	4	57	...	487	...	...	...	...	..	23
		...	..	...	2	2	...	...	4	2	...	3	...	...	...	...	1	...	...	19	...	...	...	...	...	
Henzada	403	...	...	...	...	25	1	...	3	...	3	2	1	...	...	...	7	25	...	88	...	...	...	...	...	5
		...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	4	...	...	...	...	..	
Myanaung	71	...	...	...	...	2	...	...	...	1	1	5	5	...	...	...	...	10	...	39	..	...	...	...	...	2
		...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Sandoway	67	...	...	...	...	6	...	1	...	1	1	8	5	...	...	..	1	5	...	37	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	1	...	4	4	..	...	...	...	...	...	9	...	...	..	...	...	
Kyaukpyu	128	...	...	...	...	90	1	...	...	3	5	2	6	...	...	...	1	22	...	153	...	...	...	...	...	4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	..	
Akyab	342	...	9	...	..	123	...	...	1	1	2	48	17	...	...	...	9	29	...	306	...	...	...	...	...	11
		...	7	...	...	1	...	...	1	1	...	1	1	...	...	...	2	..	...	20	...	..	...	...	...	
GROUP I.—BURMA COAST AND BAY ISLANDS.	20,651	149	15	...	4	15,300	78	159	223	228	1,434	2,006	1,207	6	...	23	26	1,530	...	28,104	2	3	6	...	...	1,026
		...	7	...	3	22	21	...	135	78	19	117	33	4	...	...	3	...	...	566	...	...	...	...	...	
Paungdi	147	...	...	...	...	7	...	...	2	...	...	8	1	...	...	...	1	2	...	36	...	...	...	...	...	2
		...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1	...	...	4	...	...	...	...	...	
Prome	317	...	...	...	3	24	1	15	1	...	1	21	25	...	...	...	...	15	...	198	...	...	...	...	...	9
		...	...	...	3	..	...	...	1	...	...	1	1	...	...	...	...	...	...	9	...	...	...	...	...	
Thayetmyo Central.	661	...	...	...	...	39	...	1	3	6	21	11	11	...	...	...	12	81	...	271	...	...	...	...	...	12
		...	...	...	...	...	...	...	2	1	...	...	2	...	...	...	...	...	...	5	...	...	...	...	...	
Taungdwingyi	68	...	...	..	...	...	...	...	...	...	...	...	...	...	1	...	...	4	...	10	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Magwe	78	...	...	...	...	...	...	...	...	...	...	4	...	...	...	..	...	3	...	13	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	
Minbu	81	...	1	...	...	7	...	...	1	...	3	3	6	...	..	...	2	9	...	40	...	...	...	...	..	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	...	...	...	...	...	
Yamethin	93	...	...	...	...	1	...	...	1	...	...	...	4	..	...	...	1	2	...	22	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Meiktila	133	...	...	...	...	19	...	...	...	2	...	14	14	...	...	...	...	8	...	68	1	...	...		...	4
		...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Pagan	63	...	...	..	...	1	...	1	...	...	...	...	2	...	...	...	...	1	...	6	...	...	...	...	...	..
		...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	
Pakôkku	81	...	...	...	...	2	...	1	...	1	2	1	...	...	...	...	...	...	..	14	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	1	..	...	...	...	...	...	...	...	...	1	...	...	...	...	..	
Myingyan Central.	772	26	...	...	...	51	...	...	13	9	21	55	16	...	...	...	2	17	...	278	3	...	...	...	...	13
		...	...	...	...	...	...	...	3	2	...	3	...	...	...	...	1	...	...	11	...	...	...	...	...	
Mandalay Central.	697	...	...	...	1	229	...	...	9	4	15	137	56	...	...	...	5	...	1	566	...	...	...	...	...	21
		...	...	...	1	...	...	...	2	3	...	10	...	...	...	...	1	...	...	21	...	...	...	...	...	
Monywa	74	...	.	...	...	3	...	...	...	1	3	5	3	...	...	...	...	9	...	34	...	...	...	...	...	2
		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	..	
Shwebo	133	...	...	...	...	12	14	...	2	12	12	4	7	...	...	..	...	5	...	81	...	...	...	...	...	3
		...	...	...	...	...	...	...	1	3	...	1	...	...	...	...	...	...	...	6	...	...	...	...	...	
Bhamo	62	...	...	...	...	20	...	...	...	1	2	7	3	...	...	...	...	10	...	51		...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	
Katha	69	...	...	...	...	1	...	...	2	...	2	3	7	...	...	...	...	2	...	22	...	...	...	...	...	1
		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	3	..	...	...	...	...	
Kindat	44	...	...	...	...	1	...	...	...	1	1	1	...	...	...	...	...	4	...	9	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	1	...	...	..	...	...	..	...	...	1	...	...	...	...	..	
GROUP II.—BURMA INLAND	3,573	26	1	...	4	417	15	18	34	37	83	274	155	...	1	...	23	172	1	1,719	4	...	...	...	...	75
		...	..	...	4	...	...	...	12	12	1	16	4	...	...	...	3	..	...	71	...	...	...	...	...	

Jails.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
		1. Admissions. 2. Deaths.																								
Cachar	57	...	...	...	...	5	...	...	...	1	1	9	...	...	...	...	...	2	...	22	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	
Sibsagar	58	...	...	...	...	9	...	...	1	...	1	5	9	...	...	...	...	8	...	44	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Dibrugarh	110	5	...	...	...	26	...	...	2	...	8	35	7	...	...	...	6	5	...	116	...	...	...	...	...	4
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	2	...	...	...	...	...	
Tezpur	210	...	2	...	...	34	1	...	...	2	10	82	13	...	...	...	2	6	...	160	...	...	...	...	...	11
		...	1	...	...	1	...	...	...	...	...	8	3	...	...	...	...	...	...	14	...	...	...	...	...	
Gauhati	249	...	1	6	...	22	...	...	2	1	3	78	13	...	...	...	1	10	...	166	...	...	...	1	...	10
		...	1	...	...	2	...	...	...	...	...	4	...	...	...	...	...	...	...	10	...	...	...	...	...	
Sylhet	414	28	1	...	...	125	2	...	3	2	4	81	15	...	...	...	17	3	1	317	...	...	...	...	...	11
		...	1	...	...	...	...	...	2	1	...	1	...	...	...	...	4	...	...	9	...	...	...	...	...	
Group III.—Assam.	1,098	33	4	6	...	221	3	...	8	6	27	290	57	...	...	...	26	34	1	825	...	...	...	1	...	38
		...	3	...	...	3	...	...	2	1	...	15	3	...	...	...	5	...	...	36	...	...	...	...	...	
Mymensingh	564	...	...	...	...	180	...	68	14	8	20	214	35	...	...	...	32	54	...	917	...	...	...	...	...	39
		...	...	...	...	...	...	...	3	3	...	1	2	...	...	...	1	...	...	11	...	...	...	...	...	
Dacca Central	1,046	...	...	...	...	173	...	...	6	12	95	252	73	...	...	...	16	39	...	884	...	...	...	...	...	28
		...	...	...	...	...	...	...	5	3	...	1	...	...	...	...	...	...	...	14	...	...	...	...	...	
Tippera	308	...	...	...	...	50	...	...	6	...	9	55	8	...	...	2	3	11	...	212	...	1	...	...	...	8
		...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	6	...	...	...	...	...	
Chittagong	147	...	2	...	...	114	1	...	3	1	2	63	18	...	...	...	1	6	...	269	...	...	...	...	...	10
		...	2	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	5	...	...	...	...	...	
Noakhali	143	...	...	...	...	32	...	...	...	...	3	109	8	...	...	...	1	2	...	171	...	...	...	...	...	5
		...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	3	...	...	...	...	...	
Backergunge	567	...	...	...	...	146	1	...	4	19	37	295	63	...	...	...	7	18	...	747	...	...	...	...	...	44
		...	...	...	...	1	...	...	4	8	1	19	...	...	...	...	1	...	...	49	...	...	...	...	...	
Khulna	41	...	...	...	...	33	...	...	...	2	2	15	2	...	...	...	2	3	...	76	...	...	...	...	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Jessore	365	...	3	...	...	168	5	...	9	5	6	129	7	...	...	...	...	11	...	468	...	...	...	...	...	16
		...	2	...	...	...	...	...	2	1	...	3	...	...	...	...	...	...	...	9	...	...	...	...	...	
Baraset	87	...	...	...	...	83	...	...	...	1	1	92	11	...	...	...	1	9	...	218	...	...	...	...	...	9
		...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	...	...	
Presidency, Central, (Europeans)	32	2	...	...	...	3	...	...	...	1	1	...	2	...	...	...	...	1	...	18	...	...	...	...	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Presidency, Central, (Natives)	1,177	55	...	...	...	95	...	...	12	17	8	144	40	...	...	...	8	17	...	592	1	...	...	...	...	29
		...	...	...	...	5	...	...	5	3	...	4	...	...	...	...	...	...	...	22	...	...	...	...	...	
Alipore, Central	1,894	174	...	1	1	43	...	...	22	...	8	55	19	...	...	...	10	80	...	1,045	...	...	...	1	...	67
		6	...	...	...	3	...	...	11	...	...	...	...	...	...	...	...	...	...	24	...	...	...	...	...	
Hooghly	329	...	...	...	...	187	2	...	28	4	18	69	78	...	2	...	22	34	...	638	...	...	...	24	...	25
		...	...	...	...	1	2	...	4	...	...	6	...	...	...	...	...	...	...	16	...	...	...	1	...	
Burdwan	212	...	...	...	...	145	1	...	2	3	10	54	56	...	10	...	...	21	...	386	...	...	...	...	...	12
		...	...	...	...	2	...	...	1	2	...	1	1	...	...	...	...	...	...	7	...	...	...	...	...	
Krishnagar	158	...	...	...	...	57	...	...	5	5	8	50	5	...	...	...	2	15	...	201	...	1	...	...	...	7
		...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	
Faridpur	288	...	1	...	...	67	...	...	...	10	6	64	23	...	...	...	11	23	...	295	...	...	...	...	...	14
		...	1	...	...	...	...	...	...	3	...	1	...	...	...	...	...	...	...	5	...	...	...	...	...	
Pubna	198	...	1	...	...	96	...	...	...	4	9	57	11	...	...	...	2	9	...	228	...	...	...	...	...	7
		...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	3	...	...	...	...	...	
Murshidabad	202	...	...	...	1	43	2	...	1	1	2	43	2	...	...	...	...	2	...	192	1	...	...	...	10	8
		...	...	...	1	...	...	...	...	...	...	3	...	...	...	...	...	...	...	4	...	...	...	...	...	
Rajshahi, Central	766	...	...	...	1	223	1	...	8	5	11	118	18	...	9	...	2	49	...	629	...	...	...	...	...	31
		...	...	...	1	4	...	...	6	2	1	2	...	...	...	...	...	...	...	20	...	...	...	...	...	
Bogra	145	...	...	...	...	45	...	...	2	...	1	14	1	...	...	...	4	6	...	85	...	...	...	...	...	2
		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Malda	94	...	2	...	...	123	3	2	1	...	2	11	34	...	...	...	...	8	...	224	...	...	...	...	...	5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Dinajpur	249	...	...	...	1	69	11	4	3	3	5	128	18	...	...	3	6	8	...	316	...	...	...	...	2	12
		...	...	...	...	...	1	1	1	1	...	4	2	...	...	...	...	...	...	12	...	...	...	...	...	

TABLE XLIII—*continued.*

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

1. Admissions. 2. Deaths.

Jails.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
Rangpur	234	...	...	...	...	123	1	...	4	2	10	99	4	...	...	...	2	12	...	350	...	...	...	...	...	14
		...	...	...	...	...	...	...	1	1	...	...	...	...	...	..	...	...	...	2	...	...	...	...	...	
Jalpaiguri	85	...	1	...	...	35	...	...	1	3	7	3	1	...	...	...	...	14	...	94	...	...	...	...	...	4
		...	1	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	
Purneah	227	...	1	...	...	61	...	...	2	:	8	18	7	...	...	...	2	12	...	158	...	5	...	...	2	7
		...	1	...	...	2	...	...	2	1	...	1	:	...	...	...	...	...	...	8	...	...	...	...	...	
Naya Dumka	133	...	...	...	...	17	...		...	1	...	15	...	...	...	...	...	1	...	38	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Suri	184	...	...	...	...	58	...	...	...	...	2	24	16	..	...	...	...	15	...	154	...	...	...	...	1	2
		..	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	.	...	...	...	...	
Bankura	193	...	5	...	...	34	...	3	12	1	6	46	31	...	...	...	6	14	...	185	...	...	...	...	..	9
		...	5	...	...	...	...	...	2	...	...	4	5	...	...	...	1	...	...	18	...	...	...	...	...	
Midnapore Central	963	...	...	1	...	280	...	...	21	12	20	341	63		...	1	6	85	1	1,032	...	...	...	...	...	38
		...	...	1	...	...	...	...	5	7	...	12	5	...	...	...	...	...	1	36	...	...	...	...	...	
Balasore	145	...	...	...	...	21	...	...	...	3	4	4	8	...	...	...	...	15	...	80	..	...	...	...	...	2
		...	..	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	..	3	...	...	..	...	...	
Cuttack	345	...	...	...	...	137	2	5	2	9	7	40	40	...	...	...	4	25	...	346	...	...	...	...	...	9
		...	...	...	...	...	...	...	1	2	...	4	1	...	...	...	...	...	...	9	...	...	...	...	...	
Puri	105	13	.	...	...	57	...	...	...	2	...	16	2	...	...	...	2	1	...	102	...	...	...	1	.	2
		...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Angul	90	...	11	...	...	13	...	...	...	1	1	16	18	...	...	...	...	7	...	90	...	...	...	..	...	3
		...	7	...	..	...	...	...	...	1	...	1	...	...	...	...	...	...	...	9	...		...	...	...	
GROUP IV.—BENGAL AND ORISSA.	11,716	244	27	2	4	3,011	30	82	168	135	329	2,753	722	...	21	6	152	627	1	11,440	2	7	...	26	16	472
		6	19	1	2	19	3	1	55	42	5	74	21	...	...	...	3	...	1	311	...	...	...	1	...	
A. Chaibassa	163	...	...	...	...	95	...	...	4	10	16	57	38	...	...	...	...	17	...	281	1	...	...	...	...	
		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Purulia	246	3	...	...	...	35	...	...	3	4	12	5	7	...	...	1	...	3	...	82	...	...	...	...	...	
		...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	4	..	..	...	...	...	
Ranchi	127	2	..	...	...	16	...	...	...	1	3	31	1	...	...	...	1	4	...	73	..	...	...	1	...	
		...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	
Palamau	92	...	...	...	...	22	...	...	...	...	2	29	18	...	...	...	...	7	...	98	...	...	...	...	...	
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	
Hazaribagh Central	820	...	...	...	2	209	...	...	10	16	37	116	77	...	...	...	...	83	...	751	2	...	...	...	4	
		...	...	...	1	...	...	...	5	2	...	2	...	...	...	...	...	1	...	13	..	...	...	...	...	
B. Gaya	443	...	...	...	..	44	4	3	6	2	18	80	23	1	...	...	1	14	...	256	1	...	...	1	...	
		...	...	...	...	...	...	...	2	2	...	2	...	...	...	...	...	...	...	7	...	...	...	...	...	
Bhagalpur Central	1,648	...	...	...	...	254	...	...	10	20	24	143	73	...	...	...	4	137	...	964	...	...	...	...	2	
		...	...	...	...	4	...	...	4	2	...	1	...	...	...	..	...	...	...	14	...	...	..	...	...	
Monghyr	283	4	2	...	...	40	...	...	4	2		31	6	...	...	...	2	5	...	142	3	...	...	...	...	
		...	...	...	...	1	...	...	1	1	...	3	...	...	...	...	...	...	...	9	.	...	...	...	...	
Darbhanga	205	8	1	...	...	51	...	...	6	...	7	41	84	...	...	...	2	14	...	259	...	...	...	...	...	
		...	...	...	...	...	...	...	2	...	...	1	...	...	...	..	...	...	...	4	...	...	...	...	...	
Champarun	223	...	...	...	...	81	...	8	1	2	2	37	15	...	...	...	4	12	...	208	...	...	...	...	...	
		...	...	...	...	...	...	...	1	...	...	1	2	...	...	...	...	...	...	5	...	...	...	...	...	
Muzaffarpur	263	4	...	...	...	91	11	...	1	4	7	40	32	...	...	...	8	10	...	250	1	5	...	1	...	
		...	...	...	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	5	...	...	...	..	...	
Patna	360	...	1	...	...	94	3	...	1	3	7	25	28	...	...	...	2	31	...	266	2	...	...	1	...	
		...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	5	.	...	...	..	...	
Arrah	180	...	...	...	..	26	7	2	...	3	14	36	11	...	9	..	10	8	...	167	...	...	...	...	...	
		...	...	...	...	...	2	...	...	1	...	1	...	...	...	...	1	...	...	10	...	...	...	...	...	
Chapra	290	...	...	2	..	80	...	...	...	2	7	161	59	...	2	...	12	32	...	465	...	1	...	1	6	
		...	...	...	...	1	...	...	...	1	1	2	2	...	...	...	...	...	...	14	...	...	...	...	...	
Buxar Central	1,259	...	...	...	...	2,455	...	...	16	30	67	179	249	...	...	1	24	71	...	3,395	..	2		9	1	
		...	...	...	...	3	...	...	8	7	...	1	...	...	...	...	3	...	...	26	..	...	...	...	...	
Korantadih	50	...	..	...	...	...	...	...	...	...	...	...	...	...	...	..	1	1	...	7	...	...	...	...	...	
		...	...	...	..	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Ghazipur	435	...	...	.	...	65	...	...	...	2	7	1	6	...	...	...	...	56	...	191	..	...	...	...	...	
		...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	7	...	...	...	...	...	
Azamgarh	239	12	...	...	...	66	...	...	1	2	16	28	11	...	...	2	3	33	...	229	2	...	...	9	...	
		...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	4	...	...	...	...	...	
Kasia	23	...	...	1	...	2	...	...	...	...	...	4	...	...	...	...	...	...	...	10	...	...	...	...	...	
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	
Gorakhpur	403	...	...	1	...	94	...	...	:	11	31	79	14	...	...	..	13	48	...	496	...	1	...	...	...	
		...	..	...	...	...	...	...	1	...	1	8	...	...	...	...	...	...	...	11	...	...	...	...	...	
Basti	247	...	...	...	...	55	...	1	1	1	4	10	2	...	...	...	4	20	...	128	...	...	...	...	...	
		...	...	...	..	1	...	...	1	1	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	
Fyzabad	396	14	...	5	...	94	...	...	3	16	22	18	9	...	...	...	31	63	...	472	...	...	...	...	...	
		...	...	...	...	1	...	...	...	2	...	3	...	...	...	...	...	...	...	10	...	...	...	...	..	
Sultanpur	222	...	..	...	...	33	...	...	...	3	...	1	3	...	...	...	2	6	...	89	...	...	...	...	...	
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	..	...	...	...	2	...	...	...	...	...	

Jails.	Average annual strength.	1. Admissions. 2. Deaths.																								Average number constantly sick.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	
Rai Bareli	448	4	...	...	...	44	...	...	1	2	10	7	8	...	...	...	...	61	...	240	...	...	...	...	...	16
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Partabgarh	125	...	...	...	...	19	...	...	...	1	1	1	3	..	...	...	4	13	...	70	..	...	...	...	...	2
		...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	
Jaunpur	231	...	...	...	...	43	...	...	...	1	3	6	4	...	...	...	6	42	...	149	...	...	...	...	..	6
		...	...	...	...	..	...	...	...	1	...	2	...	...	...	...	...	...	...	4	...	...	...	...	...	
Benares Central.	1,292	...	...	3	...	197	...	...	9	10	17	36	31	...	...	23	8	99	...	60	...	...	...	...	...	30
		...	...	...	...	...	...	...	4	2	1	1	1	...	...	...	1	...	...	12	...	...	...	...	...	
„ District	411	...	...	...	...	47	...	...	3	2	2	25	5	...	...	...	4	57	...	186	...	...	...	...	...	8
		...	...	...	...	1	...	...	1	1	...	4	2	...	...	...	2	...	...	13	...	...	...	...	...	
Mirzapur	230	...	...	2	...	85	...	...	3	4	18	14	8	...	...	..	...	32	...	249	...	...	...	...	...	9
		...	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	4	...	...	...	...	...	
Allahabad Central.	1,497	...	...	...	...	331	...	...	14	4	48	77	102	...	...	...	8	244	...	1,211	...	...	...	...	...	59
		...	...	...	...	2	...	...	7	...	...	3	...	...	...	...	...	...	...	13	..	...	...	...	...	
„ District	598	...	...	...	1	38	...	...	...	20	11	17	5	...	...	...	4	76	...	300	...	...	...	...	...	15
		...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	5	...	...	...	...	...	
Karwi	32	...	...	...	...	8	...	...	...	...	1	5	...	..	...	...	...	3	...	20	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	..	...	...	...	...	
Banda	230	1	..	1	...	138	...	...	2	4	14	44	27	...	...	1	10	73	...	399	...	...	...	...	...	11
		...	...	..	...	1	...	...	...	2	1	4	...	...	...	...	...	1	...	11	...	...	...	...	...	
Fatehpur	222	5	...	...	...	181	...	...	1	3	19	12	11	..	4	...	18	73	...	424	1	...	...	...	...	14
		...	...	...	...	1	...	...	1	2	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	
Hamirpur	79	1	...	...	...	39	...	...	...	1	1	3	5	...	...	...	...	20	...	114	...	...	...	...	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Orai	157	...	...	...	...	94	...	...	4	2	5	7	10	...	...	...	1	23	...	183	...	...	...	...	...	8
		...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	
Cawnpore	397	...	...	...	...	44	...	...	...	3	5	7	6	...	1	...	9	22	...	155	...	...	...	...	...	9
		...	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	7	...	...	...	...	...	
Unao	258	1	...	...	...	53	...	1	2	2	4	6	...	1	1	...	...	13	...	128	...	...	...	...	...	3
		...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Lucknow Central.	1,336	...	...	3	...	85	...	...	10	6	3	12	6	...	...	...	1	50	...	304	...	...	...	...	...	21
		...	..	1	...	...	...	...	8	2	...	...	...	...	...	...	...	...	...	12	...	...	...	..	...	
„ District	351	...	...	...	...	19	...	...	...	...	...	2	2	...	...	...	1	32	...	82	...	...	...	...	...	6
		...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	
Barabanki	425	...	...	...	1	45	...	14	1	2	6	7	13	...	...	...	2	57	...	269	..	...	...	...	...	9
		...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	
Gonda	446	...	...	...	...	54	2	...	2	1	7	15	6	...	..	...	5	38	...	191	...	...	...	...	...	15
		...	...	..	...	...	1	...	1	1	...	3	1	...	...	...	...	...	...	10	...	...	...	...	...	
Bahraich	250	...	...	...	1	79	...	...	...	1	3	11	2	..	...	..	2	37	...	224	...	...	...	...	...	10
		...	...	...	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...	4	...	...	...	...	...	
Kheri	286	...	...	...	...	61	...	...	...	3	3	4	4	...	...	...	...	31	...	176	..	...	...	...	...	6
		...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	
Sitapur	378	...	...	...	...	10	...	...	...	5	3	4	2	...	...	...	...	17	...	87	...	...	...	...	...	5
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	
Hardoi	321	...	...	...	...	39	...	...	2	2	4	4	1	...	...	...	1	5	...	89	...	...	...	...	...	3
		...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	
Etawah	231	...	...	...	...	19	...	...	3	3	12	9	1	...	...	...	1	12	...	95	..	...	...	...	...	4
		...	...	..	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	3	...	...	...	...	...	
Mainpuri	293	...	...	...	...	139	2	3	1	5	7	22	20	...	11	...	...	43	...	296	...	...	...	...	...	19
		...	...	...	...	...	...	...	1	...	2	2	...	...	...	...	...	...	...	7	...	...	...	...	...	
Etah	267	...	...	...	...	132	...	...	7	10	4	7	5	...	2	...	20	44	...	325	...	...	...	...	...	18
		...	..	..	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Fatehgarh Central.	1,601	...	...	...	1	242	...	...	28	7	37	64	22	...	...	...	6	112	...	818	1	...	...	...	...	53
		..	...	...	...	1	...	...	5	...	...	4	1	...	...	...	...	...	...	17	...	...	...	...	...	
„ District	375	...	...	1	1	65	...	...	3	10	14	48	17	...	...	...	...	26	...	234	..	...	...	...	...	8
		...	...	...	1	1	...	...	...	4	...	2	...	...	...	...	...	...	...	10	...	...	...	...	...	
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	21,389	59	4	19	7	5,352	29	32	164	248	573	1,628	1,092	2	30	28	235	2,030	...	16,957	14	9	...	23	13	698
		...	1	1	3	24	3	...	62	48	10	62	9	...	...	...	8	2	...	320	.	...	...	...	...	
A Shahjahanpur.	316	9	...	...	...	60	...	...	1	3	...	15	8	...	...	...	1	34	...	203	...	...	...	...	...	8
		1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	4	...	...	...	...	...	
Pilibhit	48	...	...	...	...	15	...	...	...	...	...	4	1	..	...	...	...	1	...	27	...	...	...	...	...	1
		...	...	...	...	1	...	...	..	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Bareilly Central.	1,766	2	...	1	1	377	...	...	40	13	44	11	25	...	...	...	37	123	...	935	5	...	...	4	4	66
		...	...	1	1	3	...	...	5	2	1	...	3	...	...	...	...	...	...	22	...	...	...	...	...	

TABLE XLIII—*continued.*

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
		1. ADMISSIONS. 2. DEATHS.																								
Bareilly District	715	60	...	...	...	127	...	...	4	14	29	70	42	...	...	...	9	39	2	549	2	...	...	...	...	19
		5	...	..	...	1	...	...	...	5	1	1	1	..	...	...	...	...	1	19	.	...	...	...	...	
Budaon	317	...	...	...	...	84	..	...	...	4	21	11	5	...	1	...	2	43	...	243	..	...	...	...	...	7
		...	...	...	...	...	....	...	..	1	1	...	...	...	...	...	...	...	...	5	...	...	...	...	...	
Aligarh	349	...	...	...	...	94	...	...	3	7	4	3	5	...	...	...	...	30	...	207	...	...	...	...	...	9
		...	...	...	...	...	...	...	3	...	...	1	...	...	...	...	...	...	...	4	...	...	...	...	...	
Bulandshahr	232	...	1	...	...	33	...	...	...	2	6	13	5	...	2	...	1	16	...	125	...	...	...	...	...	8
		...	1	...	...	...	...	...	...	...	...	2	...	..	...	...	...	...	...	4	...	...	...	...	...	
Moradabad	393	...	...	...	...	154	...	...	...	6	14	24	5	...	...	...	1	36	...	362	1	...	...	...	...	13
		...	...	...	...	1	...	...	...	3	1	2	...	...	...	...	...	...	...	8	...	...	...	...	...	
Bijnor	256	...	1	...	...	117	...	...	...	1	2	6	1	...	...	...	2	26	...	200	...	...	...	...	...	6
		...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Dehra Dun	63	...	...	...	...	16	...	...	...	2	1	...	...	...	...	...	1	5	...	36	...	...	...	...	...	2
		...	..	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Saharanpur	306	14	1	...	1	170	5	5	1	17	9	104	32	...	...	...	23	38	...	543	...	...	...	...	...	21
		...	1	...	1	...	...	...	1	...	...	2	...	...	...	...	...	...	...	8	..	...	...	...	...	
Muzaffarnagar	167	...	...	...	...	48	...	...	3	5	12	8	2	...	...	...	...	17	1	121	...	...	...	1	...	6
		...	...	..	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	
Meerut	574	6	...	...	...	233	1	...	4	8	14	44	17	...	...	...	11	42	...	478	...	...	...	...	...	17
		...	...	...	...	...	...	...	1	4	...	5	...	...	...	...	...	...	...	14	...	...	...	...	...	
Delhi	455	...	...	1	...	197	...	...	3	17	1	48	31	...	...	...	55	71	...	466	...	...	1	...	...	16
		...	...	...	...	1	....	...	1	4	...	1	...	...	...	...	...	...	...	10	...	...	...	...	...	
Rohtak	122	...	...	..	1	60	...	...	..	2	2	2	4	...	...	...	...	2	...	102	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	1	...	...	...	..	...	...	...	...	...	3	...	...	...	...	...	
Hissar	192	...	...	...	...	104	...	...	3	6	6	3	21	...	...	1	7	34	...	260	...	...	21	...	...	8
		...	...	...	...	...	...	...	1	...	...	...	...	.	...	...	...	...	...	3	...	...	...	...	...	
Karnal	101	...	...	1	...	68	...	...	...	2	7	8	16	...	...	...	1	11	...	142	...	...	5	...	...	3
		...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	3	...	...	...	...	...	
Umballa	703	...	...	3	...	451	...	...	4	12	24	56	90	...	...	...	3	130	...	896	...	...	7	...	...	24
		...	...	...	...	1	...	...	5	5	2	6	...	...	...	...	...	1	...	22	...	...	...	...	...	
B																										
Ludhiana	232	...	..	...	...	132	1	...	3	4	6	14	14	...	...	...	2	12	...	205	...	...	...	...	...	3
		...	...	...	...	...	...	...	1	1	...	1	...	...	...	..	1	...	...	4	...	...	...	...	...	
Hoshiarpur	68	...	...	...	...	39	...	...	...	1	1	2	1	...	...	...	3	10	...	87	...	...	1	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Jullundur	236	...	...	...	...	51	1	...	...	2	5	20	11	...	...	...	...	19	...	137	...	...	...	...	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Ferozepore	320	...	...	...	...	61	1	26	...	18	17	...	15	...	...	...	16	46	...	264	...	...	2	...	...	10
		...	...	...	...	...	1	...	...	5	...	...	...	...	...	...	...	...	...	12	...	...	...	...	...	
Amritsar	162	...	..	..	...	145	...	...	...	2	4	15	10	...	...	...	6	15	...	239	...	...	...	...	...	5
		...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	2	...	...	...	...	..	
Lahore Central	1,502	...	...	...	3	970	1	...	19	9	59	97	113	...	...	...	3	296	...	1,905	2	...	3	...	...	51
		...	...	...	3	...	...	...	10	2	2	4	...	...	...	...	...	1	...	27	...	...	...	...	...	
,, District	520	...	...	2	...	177	1	...	2	18	25	69	54	...	...	...	...	80	...	537	...	...	...	...	...	16
		...	...	1	...	...	...	...	1	6	3	8	1	...	...	...	...	...	...	24	..	...	...	...	...	
,, Female	108	...	...	...	...	58	...	...	1	...	10	4	2	...	...	...	...	10	...	104	...	...	...	...	...	2
		...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	3	...	...	...	..	...	
Gurdaspur	193	...	...	...	...	40	1	...	...	8	1	14	5	...	...	...	...	5	...	90	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Gujranwala	338	...	...	...	...	108	...	19	1	15	7	3	23	...	...	...	5	42	...	279	...	...	...	...	...	7
		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Sialkot	326	...	..	1	...	117	...	...	...	7	7	17	2	...	...	...	...	9	...	193	...	...	...	...	...	4
		...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	
Gujrat	90	...	..	1	...	40	...	...	1	...	1	10	1	...	...	...	1	4	...	70	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Mung Rasul Central.	202	41	...	...	...	22	...	...	1	4	17	1	...	...	...	...	2	22	...	175	...	...	...	...	...	4
		...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	
Jhelum	258	...	...	...	...	224	...	...	...	1	...	21	12	...	...	...	3	26	...	302	...	...	4	...	...	6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Rawalpindi	804	...	...	...	...	457	...	...	2	22	20	36	41	...	...	...	26	105	1	923	...	...	6	...	...	27
		...	...	...	...	...	...	...	2	7	...	1	2	...	...	...	1	...	...	14	...	...	...	...	...	
GROUP VI.—UPPER SUB-HIMALAYA.	12,434	132	3	10	6	5,049	12	50	96	232	376	753	614	...	3	1	221	1,399	4	11,405	10	...	50	5	4	379
		6	3	3	5	8	1	...	34	52	12	36	8	...	...	...	2	3	1	235	...	...	...	...	...	

Jails.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus Duodenalis.	Other Entozoa.	Average number constantly sick.
		1. Admissions. 2. Deaths.																								
A.																										
Peshawar	528	...	...	...	...	121	...	...	3	8	13	25	6	...	...	...	6	97	...	320	...	...	...	...	...	17
		...	...	...	...	1	...	...	...	4	...	...	...	...	...	...	1	...	...	9	...	...	...	..	...	
Kohat	131	...	1	...	...	133	...	...	...	2	4	7	3	...	...	...	2	31	...	220	...	...	5	...	...	4
		...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	..	...	3	...	.	...	...	...	
Bannu	152	...	...	...	...	59	...	...	...	1	6	3	8	...	...	...	4	17	...	136	...	...	6	...	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	
Shahpur	237	...	...	...	...	173	1	...	...	3	7	5	23	...	...	...	2	27	...	287	...	...	4	...	...	7
		...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Mianwali	317	...	...	3	...	98	...	...	...	...	2	13	111	...	...	...	2	72	..	431	..	...	12	...	...	11
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Lyallpur	260	...	8	...	...	63	...	...	...	3	3	3	7	...	...	...	6	34	1	175	...	...	2	...	...	6
		...	2	...	...	...	...	...	...	2	...	...	1	..	...	...	...	...	1	8	...	...	...	...	...	
Jhang	251	...	...	...	...	164	3	...	2	7	15	14	9	..	...	...	4	25	...	298	...	...	...	...	..	9
		...	...	...	...	..	1	...	2	1	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	
Montgomery Central.	1,934	...	...	...	...	395	...	...	17	20	47	24	70	...	...	...	22	161	...	987	...	...	9	...	...	47
		...	...	...	...	...	...	...	7	7	5	1	...	...	...	...	1	...	...	33	...	...	...	...	...	
Mooltan Central.	1,265	...	...	...	...	506	1	...	11	25	29	40	48	...	...	1	119	102	...	1,071	2	...	6	...	...	55
		...	...	...	...	2	1	...	6	4	...	4	...	...	...	1	...	...	...	30	...	...	...	...	...	
,, District	645	45	1	...	...	112	...	...	7	22	15	26	53	...	...	...	15	31	...	561	1	...	3	...	1	23
		...	1	...	...	...	...	...	...	6	1	...	...	...	...	...	...	...	...	12	...	...	...	...	...	
Dera Ismail Khan.	391	...	...	...	1	353	...	...	3	3	21	31	24	...	4	...	...	70	...	663	...	...	30	...	...	16
		...	...	...	1	...	...	...	...	1	...	1	1	...	...	...	...	...	...	7	...	...	...	...	...	
Dera Ghazi Khan.	297	...	...	8	...	81	...	3	...	9	14	12	10	...	...	...	1	34	...	213	...	...	2	...	..	5
		...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	
C.																										
Shikarpur	495	...	...	2	...	92	...	...	6	26	17	21	20	...	1	1	3	13	...	237	...	...	...	...	..	11
		...	...	1	...	...	...	...	3	8	...	1	2	...	...	...	..	...	...	17	...	...	...	...	...	
Sind Gang	292	...	...	...	...	39	3	...	...	83	15	7	6	...	...	...	3	20	...	206	...	...	...	...	...	7
		...	...	...	...	...	...	...	...	32	1	1	1	...	...	...	...	...	...	37	...	...	...	...	...	
Hyderabad Central.	681	...	...	2	...	48	...	...	6	16	36	45	3	...	6	7	5	4	...	269	..	..	...	...	...	11
		...	...	...	...	2	...	...	1	6	6	4	...	...	...	1	1	...	...	25	.	...	...	...	...	
Kurrachee	227	...	...	1	...	42	1	...	1	3	9	20	19	...	2	1	12	27	...	212	...	...	...	...	...	9
		...	...	...	...	...	1	...	1	2	...	...	2	...	...	...	1	...	...	13	...	...	...	...	...	
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	8,103	45	10	16	1	2,479	9	3	56	231	253	296	430	...	13	10	206	765	1	6,286	3	...	79	...	1	241
		...	3	1	1	6	4	...	20	75	14	13	7	...	...	2	5	...	1	207	...	...	...	...	...	
A.																										
Rajkot	103	...	...	...	..	43	...	...	...	2	4	2	3	...	1	...	...	8	...	97	..	...	1	...	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Ahmedabad Central.	956	...	...	1	...	32	...	...	13	18	22	47	8	...	1	...	3	17	...	224	...	...	8	...	...	13
		...	...	...	...	...	...	...	5	6	1	2	...	...	...	...	1	...	...	25	...	...	...	...	...	
B																										
Ajmer	420	...	...	...	...	26	...	...	2	7	5	4	2	...	...	...	...	37	...	164	...	...	6	...	...	7
		...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	
Muttra	184	...	...	...	...	43	...	...	1	3	3	4	3	...	1	...	1	24	...	108	...	...	...	...	...	5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Agra Central	1,912	...	12	...	...	971	1	...	10	33	76	111	90	...	...	...	18	280	1	2,110	...	...	...	...	...	113
		...	10	...	...	...	...	...	9	6	3	5	2	...	...	...	...	...	...	46	...	...	...	...	...	
,, District	419	...	...	...	...	128	...	...	4	4	9	16	25	...	3	...	3	79	...	378	...	...	1	...	...	17
		...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	
Jhansi	208	6	..	...	...	34	...	...	6	5	8	8	3	...	2	...	9	39	...	199	...	...	...	...	...	13
		...	...	...	...	...	...	...	2	2	...	1	...	...	...	...	...	...	...	5	...	...	...	...	...	
Lalitpur	59	...	...	...	...	20	...	...	...	1	3	3	2	...	...	...	...	13	...	60	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Group VIII.—S.-E. Rajputana, Central India, and Gujarat.	4,261	6	12	1	...	1,297	1	...	36	73	130	195	136	...	8	...	34	497	1	3,340	...	...	16	...	...	172
		...	10	...	...	...	...	...	18	17	4	8	2	...	...	...	1	...	...	84	...	...	...	...	...	

TABLE XLIII—*continued.*

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

1. ADMISSIONS. 2. DEATHS.

JAILS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
A.																										
Damoh	44	...	...	...	...	10	...	...	...	...	1	6	1	...	...	...	...	1	...	25	...	...	3	...	...	1
		...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	2	...	...	...	...	...	
Saugor	118	...	...	...	...	49	...	...	1	2	7	13	9	...	...	...	11	13	...	145	...	...	...	...	1	1·2
		...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	3	...	...	...	...	...	
Jubbulpore Central.	879	194	...	...	...	126	...	...	9	17	49	32	28	...	...	...	5	50	...	691	...	...	1	...	1	30
		1	...	...	...	...	...	...	3	...	1	1	1	...	...	...	...	...	...	16	...	...	...	...	...	
Narsinghpur	49	...	...	...	...	11	1	...	...	...	...	...	2	...	...	...	...	1	...	22	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	
Mandla	58	...	...	...	...	29	...	...	...	...	3	7	5	...	...	...	...	1	...	72	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Bilaspur	140	...	...	...	...	1	...	...	...	1	...	7	2	...	...	...	2	4	...	34	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	2	...	...	...	...	...	
Sambalpur	141	...	...	...	...	74	...	...	2	1	17	21	12	...	...	...	4	32	...	211	...	...	...	...	...	6
		...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	
Raipur Central	591	...	...	...	...	127	...	...	1	3	10	51	13	...	...	...	7	23	...	344	...	...	...	...	...	9
		...	...	...	...	1	...	...	1	1	...	3	...	...	...	...	...	...	...	11	...	...	...	...	...	
Balaghat	67	...	...	...	...	14	...	...	...	...	2	2	3	...	...	...	...	6	...	35	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	
Seoni	46	...	...	...	...	15	...	...	...	...	8	5	...	...	...	...	...	2	...	41	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Chhindwara	66	...	...	...	...	3	...	...	...	1	...	1	...	...	...	...	...	...	...	8	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	
Hoshangabad	88	...	...	...	...	98	...	...	...	1	5	16	26	...	...	...	3	13	...	204	...	...	...	...	...	5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Nimar	100	...	...	...	...	40	...	...	1	2	3	5	5	...	...	...	4	8	...	114	...	...	4	...	...	5
		...	...	...	...	...	...	...	...	1	2	1	...	...	...	...	2	...	...	10	...	...	...	...	...	
Betul	53	...	...	...	...	8	...	...	...	2	1	2	...	...	...	...	...	9	...	29	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Nagpur Central	671	87	...	...	...	250	...	...	4	2	25	10	19	...	...	...	4	39	...	533	...	...	...	...	...	13
		...	...	...	...	...	...	...	3	1	...	1	...	...	...	...	1	...	...	6	...	...	...	...	...	
Bhandara	84	...	...	1	...	13	...	15	...	...	...	3	...	...	...	...	...	9	...	64	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	
Wardha	55	2	...	...	...	20	1	...	...	...	1	5	7	...	...	...	1	5	...	58	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	
Chanda	55	...	...	...	...	31	...	...	...	1	4	2	1	...	...	...	1	13	...	69	...	...	...	...	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Sironcha	3	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	4	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
B.																										
Secunderabad	72	...	...	...	...	14	...	...	...	1	7	2	1	...	...	...	2	13	...	71	...	...	1	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Yeotmahl	32	...	...	...	...	10	...	...	...	...	1	1	...	...	...	...	1	3	...	27	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Amraoti Central	289	...	...	...	...	78	...	...	...	4	5	4	1	...	2	9	5	8	...	163	...	...	1	...	...	4
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	4	...	...	...	...	...	
Ellichpur	24	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	1	...	...	3	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Akola Central	341	...	...	...	...	205	3	5	5	13	9	13	10	...	...	...	5	20	...	375	...	...	1	3	...	9
		...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	2	...	...	8	...	...	...	...	...	
Basim	34	...	...	...	...	4	...	1	2	...	1	1	1	...	...	...	1	3	...	26	...	...	2	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Buldana	47	...	...	...	...	11	...	...	...	...	4	1	...	...	...	...	2	6	...	29	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Dhulia	404	...	...	...	...	106	...	...	...	6	7	17	3	...	...	...	2	35	...	259	...	...	16	...	...	9
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Yerrowda Central.	1,469	...	...	...	...	64	2	...	3	6	55	21	11	...	...	...	5	108	...	568	...	...	56	...	...	31
		...	...	...	...	...	...	...	1	1	2	1	...	...	...	...	...	...	...	10	...	...	...	...	...	
Bijapur	301	...	...	...	...	41	...	...	1	8	5	21	2	1	...	...	...	20	...	176	...	...	28	...	...	10
		...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	
Deccan Gang	766	...	...	...	...	76	4	20	1	8	16	7	9	...	...	...	5	157	...	457	...	1	15	...	1	24
		...	...	...	...	2	...	...	1	1	...	1	...	...	...	...	...	...	...	7	...	...	...	...	...	
Dharwar	353	...	...	...	1	24	...	...	4	3	20	29	17	...	1	...	1	1	...	126	1	...	11	...	...	6
		...	...	...	1	...	...	...	2	...	...	2	...	...	...	...	...	...	...	8	...	...	...	...	...	
GROUP IX.—DECCAN	7,440	283	...	1	1	1,553	11	41	34	83	266	309	188	1	3	9	72	603	...	4,983	1	1	139	3	3	192
		1	...	...	1	3	...	...	15	10	7	16	4	...	...	...	6	...	...	104	...	...	...	...	...	

Jails.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
		1. Admissions. 2. Deaths.																								
Thana	721	...	...	...	1	123	...	2	6	7	42	36	35	...	...	3	11	41	...	446	...	...	21	...	..	22
		...	...	...	1	...	...	...	4	2	2	...	...	...	...	...	...	...	...	15	...	...	..	...	...	
Bombay Common.	427	...	...	3	...	172	2	...	3	7	13	4	33	...	...	...	3	21	...	422	...	...	1	...	...	10
		...	...	...	...	1	1	...	1	1	1	2	2	...	...	...	...	...	...	21	..	...	...	...	..	
Bombay House of Correction.	264	...	...	...	...	68	...	...	5	4	5	4	39	1	1	...	1	25	...	221	...	...	1	...	...	14
		...	..	...	...	...	...	...	5	3	...	...	...	1	...	...	...	...	...	16	...	...	...	...	...	
Ratnagiri	129	...	...	...	...	1	...	...	...	...	3	18	1	...	...	...	1	3	...	42	...	...	...	...	.	5
		...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	2	...	...	...	...	..	
Karwar	181	...	...	...	...	1	3	...	...	1	3	1	4	...	...	1	1	4	...	53	...	...	3	...	...	3
		...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	
Mangalore	112	...	...	...	1	12	2	...	...	...	...	7	...	...	...	...	...	1	...	41	...	5	...	...	...	2
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Cannanore Central	763	...	...	1	6	39	2	...	9	8	8	8	...	1	...	...	7	12	...	210	...	...	...	...	..	11
		...	...	...	1	...	...	...	2	2	1	...	...	1	...	...	3	...	...	13	...	...	...	...	...	
GROUP X.—WESTERN COAST.	2,597	...	...	4	8	416	9	2	23	27	74	78	112	2	1	4	24	107	...	1.435	..	5	26	...	...	67
		...	...	...	2	2	2	...	12	8	4	3	3	2	...	...	3	...	...	73	...	...	...	...	...	
A.																										
Bellary	474	...	...	...	...	57	...	10	7	6	9	...	...	...	...	...	...	27	...	218	.	..	31	...	...	11
		...	...	...	...	2	...	...	3	2	...	...	...	...	...	...	...	...	...	8	...	...	...	...	...	
Salem Central	602	...	..	...	1	37	...	...	7	6	17	7	...	1	...	...	...	11	...	134	...	...	7	...	..	7
		...	...	...	...	...	...	...	1	1	...	1	...	1	...	...	...	...	...	6	...	...	...	...	...	
Coimbatore Central.	1,036	...	..	..	4	69	...	47	7	7	43	51	42	...	...	...	13	70	...	545	...	...	24	...	...	27
		...	..	...	1	1	...	...	5	1	...	5	...	...	...	..	...	...	...	22	..	...	...	...	...	
B.																										
Palamcottah	340	...	...	...	...	12	3	3	7	4	6	7	...	...	...	...	...	10	...	111	..	1	3	...	...	5
		...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	
Madura	411	...	...	...	...	22	...	1	8	5	9	38	...	...	...	...	1	15	...	175	...	...	2	...	...	7
		...	...	...	...	...	...	...	3	2	...	2	...	...	...	...	...	...	...	10	...	...	...	...	...	
Trichinopoly Central.	740	...	2	...	...	101	...	...	9	4	21	33	...	..	...	...	1	34	...	423	1	...	12	...	...	13
		...	2	...	...	2	...	...	4	4	...	1	...	...	...	...	...	...	...	23	...	...	...	...	...	
Tanjore	325	...	...	...	..	17	4	3	3	1	6	34	...	...	...	...	2	14	...	138	...	...	...	...	...	6
		...	...	...	..	...	...	...	...	1	...	3	...	...	...	..	...	...	...	10	...	...	...	..	...	
Cuddalore	314	...	...	...	...	16	...	...	2	...	5	21	1	...	...	...	1	5	...	113	...	1	9	...	...	7
		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	.	3	...	...	...	...	...	
Vellore Central	1,062	...	...	...	...	27	...	71	11	9	12	37	...	...	...	...	2	73	...	457	...	2	10	...	.	26
		...	..	...	...	...	...	...	3	3	...	1	...	...	...	...	...	...	...	18	...	...	...	...	..	
Madras Civil	25	...		...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	5	...	...	...	...	...	..
		...		..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Madras Penitentiary, Central.	8,9	...	4	...	...	143	...	...	26	9	44	114	...	...	...	...	...	16	...	500	...	1	5	...	...	23
		...	2	...	...	1	...	...	1	2	1	2	...	...	...	...	...	...	...	16	...	...	...	...	...	
Nellore	213	...	1	...	...	15	1	8	2	2	18	8	...	...	...	...	...	9	...	87	...	2	7	...	...	3
		...	...	...	...	1	1	...	2	2	...	1	...	...	...	...	...	...	...	8	...	...	...	...	..	
C.																										
Rajamundry Central.	833	...	...	...	...	139	2	...	5	12	17	27	1	...	...	...	8	19	1	354	1	1	21	...	...	13
		...	...	...	...	1	1	...	1	2	1	...	...	...	...	...	...	...	...	10	...	...	...	...	...	
Vizagapatam	462	...	...	...	...	32	...	...	5	9	8	12	7	..	...	...	...	2	...	105	...	...	...	...	...	8
		...	...	...	...	...	...	...	1	2	...	...	1	...	...	...	...	...	...	6	...	...	...	...	...	
Berhampur	129	...	14	...	1	13	...	1	...	1	10	1	16	...	...	...	1	1	...	89	...	...	...	...	...	4
		...	7	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	...	...	...	...	...	
GROUP XI.—SOUTHERN INDIA.	7,865	...	21	...	6	700	10	144	99	75	226	391	67	1	...	...	29	306	1	3,454	2	8	131	...	...	160
		...	11	...	2	8	2	...	26	23	2	16	1	1	...	...	...	...	...	153	..	...	...	...	...	

TABLE XLIII—*concluded.*

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated:

Jails.	Average annual strength.	1. Admissions. 2. Deaths.																								Average number constantly sick.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	
Shillong	36	...	...	...	...	6	...	...	...	...	1	...	...	...	...	...	...	...	...	11	..	...	...	...	...	...
		...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Darjeeling	101	...	...	...	4	74	1	9	1	3	5	28	2	...	...	...	1	6	...	162	...	4	...	...	..	6
		..	...	...	2	...	...	...	1	1	1	2	...	...	...	...	...	...	...	7	...	...	...	...	...	
Almora	59	...	...	...	..	6	...	...	...	1	2	2	2	...	...	...	...	3	...	28	...	...	...	...	...	1
		...	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	
Pauri	11	...	...	..	...	4	...	...	...	...	...	...	3	...	...	...	2	2	...	17	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	..	...	...	...	...	...	...	...	..	
Simla	17	...	...	...	...	5	1	...	...	...	...	...	...	...	...	...	1	...	...	8	...	...	...	...	...	...
		...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Dharmsala	8	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Abbottabad	85	...	...	...	..	26	...	...	...	2	1	6	3	...	...	...	...	5	...	60	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Quetta	57	...	...	...	...	44	...	...	...	2	1	11	1	...	...	...	...	28	...	156	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Mercara	72	...	..	...	...	6	...	...	...	1	...	...	...	...	...	...	...	2	...	14	...	1	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Russellkonda	113	...	...	2	...	16	...	...	...	...	4	9	2	...	...	...	6	6	...	63	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	
Group XII.—Hills.	559	...	...	3	4	187	2	9	1	9	15	56	13	...	...	.	10	52	...	523	...	5	...	...	...	15
		...	...	...	2	1	1	...	1	2	1	4	...	...	...	..	...	...	...	15	...	..	...	...	...	
Extra India.— Aden	31	...	...	...	...	3	..	...	...	...	...	1	...	...	...	...	...	...	...	4	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
INDIA (*a*)† * Remaining from 1902	101,717	5	...	6	1	732	11	2	227	93	227	361	112	1	11	10	82	285	...	3,211	...	1	10	...	1	3,535
Admitted		977	97	62	45	36,985	209	540	942	1,385	3,786	9,030	4,793	12	80	81	1,05	8,122	10	90,475	38	38	447	58	37	
Died		13	57	6	25	96	37	1	392	368	79	380	95	7	...	2	39	5	3	2,175	...	...	...	1	...	
Died out of hospital		...	...	...	...	3	1	...	1	3	...	...	...	...	...	...	...	...	...	51	...	...	...	...	...	
Andamans	13,037	143	...	...	...	14,370	66	...	173	179	1,363	1,738	1,079	6	...	21	...	835	...	24,515	1	1	6	...	...	868
		...	...	...	...	18	18	...	111	66	16	97	27	4	...	...	...	...	...	446	...	...	...	...	...	
Burma	11,187	32	16	...	8	1,347	27	177	84	86	154	542	283	...	1	2	49	867	1	5,308	5	2	...	...	...	233
		...	7	...	7	4	3	...	36	24	4	36	10	...	...	...	6	...	...	191	...	...	...	...	...	
Assam	1,134	33	4	6	...	227	3	...	8	6	28	290	57	...	...	...	26	34	1	836	...	...	...	1	...	38
		...	3	...	...	3	...	...	2	1	...	15	3	...	...	...	5	...	...	36	...	...	...	...	...	
Bengal	18,419	265	31	4	10	6,678	56	104	231	238	565	3,792	1,445	1	32	8	223	1,081	1	19,259	12	19	...	40	29	734
		6	20	1	5	28	5	1	81	61	8	93	25	...	...	...	8	1	1	435	...	...	...	1	...	
United Provinces.	23,141	135	15	18	7	5,493	11	24	179	278	599	1,074	647	1	28	26	286	2,472	4	16,229	12	1	1	14	4	776
		6	13	2	4	22	1	...	60	57	15	66	11	...	...	...	3	1	1	360	...	...	...	...	...	
Punjab	12,163	86	9	21	4	5,118	12	48	77	239	353	577	807	...	...	2	305	1,435	2	11,411	5	...	88	...	1	359
		...	3	2	3	4	5	...	38	57	15	27	5	...	...	1	3	3	1	233	...	...	...	...	...	
N.-W. F. Province	1,287	...	1	...	1	692	...	...	6	16	45	72	44	...	4	...	12	220	...	1,399	...	...	41	...	...	42
		...	...	...	1	2	...	...	...	5	...	2	1	...	...	...	2	...	...	20	...	...	...	...	...	
Bombay	7,800	...	...	9	2	975	15	22	49	198	272	301	213	2	13	13	56	504	...	4,019	1	1	161	...	1	188
		..	...	1	2	5	3	...	25	64	13	15	8	1	...	1	3	...	...	206	...	...	...	...	...	
Central Provinces.	4,075	283	...	1	...	1,228	5	21	25	51	156	212	145	...	2	9	57	269	...	3,326	...	...	12	3	2	110
		1	..	...	...	1	...	...	10	6	5	12	4	...	...	...	6	...	...	74	...	...	...	...	...	
Madras	8,853	...	21	3	13	767	14	144	108	83	238	415	69	2	...	...	42	325	1	3,768	2	13	131	...	...	175
		...	11	..	3	9	2	...	28	25	3	17	1	2	...	...	3	...	...	170	...	...	...	...	...	

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* Remaining + admitted = total treated; Remaining + admitted + died out of hospital = total cases.

† Including Ajmer, Secunderabad, Quetta, and Mercara.

(*a*) Including the subsidiary jails, the total figures are:—Average strength 106,571. Average constantly sick 3,618. Number of deaths 2,260. Number of admissions 94,634.

1. AVERAGE STRENGTH. 2. CONSTANTLY SICK.

GEOGRAPHICAL GROUPS.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Average for the year.
GROUP I.—BURMA COAST AND BAY ISLANDS.	19,620	19,758	19,902	20,095	20,356	20,708	20,905	21,076	21,060	21,302	21,509	21,439	20,651
	815	821	779	791	903	1,167	1,405	1,273	1,250	1,164	1,036	912	1,026
GROUP II.—BURMA INLAND	3,149	3,256	3,311	3,435	3,488	3,563	3,678	3,732	3,816	3,807	3,829	3,803	3,573
	65	64	59	63	53	72	82	80	89	85	98	82	75
GROUP III.—ASSAM	853	855	871	965	1,083	1,149	1,245	1,262	1,271	1,232	1,208	1,147	1,098
	26	25	28	32	40	33	46	50	55	47	43	35	38
GROUP IV.—BENGAL AND ORISSA	10,441	10,680	10,943	11,257	11,593	12,094	12,314	12,383	12,495	12,188	12,087	12,037	11,716
	482	546	511	455	436	464	469	475	459	474	454	451	472
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	20,401	20,511	20,841	21,019	21,072	21,340	21,617	21,970	22,211	22,089	21,776	21,732	21,389
	644	632	711	761	638	655	751	770	764	785	699	601	698
GROUP VI.—UPPER SUB-HIMALAYA	11,907	12,173	12,353	12,321	12,321	12,443	12,654	12,752	12,810	12,690	12,534	12,245	12,434
	403	361	312	332	341	325	348	358	389	514	470	400	379
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.	6,897	7,038	7,560	8,060	8,209	8,399	8,492	8,457	8,437	8,512	8,560	8,563	8,103
	215	175	179	181	220	264	234	256	262	285	275	324	241
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	4,458	4,340	4,271	4,158	4,199	4,243	4,324	4,332	4,262	4,229	4,183	4,135	4,261
	215	157	157	193	175	147	182	168	186	172	168	146	172
GROUP IX.—DECCAN	7,399	7,421	7,454	7,535	7,362	7,434	7,512	7,631	7,518	7,391	7,299	7,316	7,440
	170	185	190	223	191	201	208	225	205	186	162	161	193
GROUP X.—WESTERN COAST	2,265	2,414	2,468	2,520	2,656	2,712	2,788	2,748	2,791	2,649	2,590	2,557	2,597
	46	46	57	58	61	72	82	94	75	72	75	68	67
GROUP XI.—SOUTHERN INDIA	7,303	7,468	7,569	7,754	7,830	7,9[illegible]0	8,034	8,029	8,103	8,109	8,083	8,138	7,865
	143	143	168	162	184	161	159	153	153	159	159	173	160
GROUP XII.—HILLS.	457	491	457	572	593	622	609	574	611	589	584	562	559
	13	17	9	15	17	23	19	14	13	12	16	17	15
INDIA *	95,178	96,437	98,032	99,721	100,789	102,673	104,212	104,984	105,423	104,821	104,264	103,695	101,717
	3,234	3,172	3,160	3,265	3,264	3,584	3,985	3,916	3,900	3,955	3,655	3,370	3,535

1. AVERAGE STRENGTH. 2. CONSTANTLY SICK.

ADMINISTRATIONS.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Average for the year.
ANDAMANS	12,773	12,736	12,750	12,750	12,786	12,892	12,973	13,031	13,195	13,401	13,526	13,611	13,037
	660	680	653	662	748	1,000	1,216	1,097	1,083	990	863	763	868
BURMA	9,996	10,278	10,463	10,780	11,058	11,379	11,610	11,777	11,681	11,708	11,812	11,631	11,187
	220	205	185	192	213	239	271	256	256	259	271	231	233
ASSAM	892	888	905	1,003	1,120	1,188	1,282	1,288	1,301	1,272	1,252	1,185	1,134
	26	26	28	33	40	34	47	50	55	47	43	35	38
BENGAL	16,712	17,065	17,434	17,823	18,136	18,729	19,009	19,337	19,640	19,052	18,964	19,001	18,419
	743	790	822	796	655	688	725	754	733	734	713	677	734
UNITED PROVINCES	21,917	22,065	22,470	22,849	23,028	23,254	23,495	23,749	23,857	23,943	23,563	23,433	23,141
	732	685	691	763	732	719	838	822	856	940	830	704	776
PUNJAB	11,504	11,572	11,877	12,048	[illegible],124	12,288	12,527	12,483	12,468	12,465	12,451	12,142	12,163
	377	296	273	288	336	363	335	355	375	452	431	442	359
N.-W. F. PROVINCE	1,014	1,115	1,272	1,332	1,317	1,371	1,368	1,339	1,342	1,353	1,297	1,315	1,287
	30	25	22	27	40	48	44	48	48	52	55	51	42
BOMBAY	7,696	7,715	7,688	7,738	7,780	7,864	8,046	8,017	7,923	7,743	7,681	7,704	7,800
	193	188	186	184	187	183	207	217	190	179	168	183	188
CENTRAL PROVINCES	3,980	4,080	4,109	4,137	4,065	4,122	4,169	4,217	4,159	4,065	3,947	3,849	4,075
	87	113	113	136	100	117	114	138	125	111	85	79	110
MADRAS	8,101	8,334	8,475	8,650	8,768	8,947	9,084	9,090	9,198	9,193	9,150	9,219	8,853
	154	154	177	172	198	180	173	164	164	177	186	196	175
INDIA †	95,178	96,437	98,132	99,721	100,789	102,673	104,212	104,984	105,433	104,821	104,264	103,695	101,717
	3,234	3,172	3,160	3,265	3,264	3.584	3,985	3,916	3,900	3,955	3,655	3,370	3,535

* Including Aden.

† Including Ajmer, Secunderabad, Quetta, and Mercara.

TABLE XLIV.

ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

BURMA.

Sandoway.—There was slight overcrowding in September in the main ward, due to an influx of revenue defaulters, which was relieved by occupying the simple imprisonment ward. Water was obtained from a municipal well about 300 yards from the jail; the Chemical Examiner, Rangoon, reported it as being "distinctly doubtful;" it was therefore boiled and then cooled before issue to the prisoners. The analysis in November showed the water to be fit for drinking purposes. Malarial fever which prevails in the district during certain seasons of the year was contracted by prisoners before coming into jail. The mortality this year has almost entirely been among old and decrepit opium consumers, of whom there was a large percentage admitted. These men were of poor physique with constitutions undermined by a long continued opium habit and insufficiency of food outside. They all exhibited symptoms of colic, diarrhœa or dysentery.

Akyab.—No overcrowding. Men admitted to the jail from the district and from Kyaukpyu jail have a malarial taint. Many men are habitual opium eaters. Cholera was imported from the district.

ASSAM.

Tezpur.—No overcrowding. The ventilation in the wards for A and B class prisoners is defective. The boundary wall behind both the criminal barracks is higher than the wall of the buildings which contains loop holes for ventilation on one side, and the space between the barrack and the boundary wall is too small for efficient ventilation. The drainage system of the jail is imperfect; the drains not being *pucca,* water sometimes stagnates here and there. The large number of deaths from bowel complaints was due to an outbreak of epidemic dysentery, from which there were 82 admissions into hospital and 8 deaths. The cause of this outbreak was especially inquired into by the Principal Medical Officer and Sanitary Commissioner, Assam, who states: "I think it may be said that possibly there was increase of dysentery among the outside population, but that the disease was developed and made more fatal in the badly drained jail by the circumstances of labour in the oil mills and the weaving shed; by the too close aggregation of the prisoners in the barracks and by infected latrines." A segregation hospital (to accommodate 12 patients) for dysentery cases was built inside the jail wall during the year, and a temporary hospital for treatment of dysentery cases outside the jail wall, in order to segregate them from the healthy inmates of the jail, has been decided on.

BENGAL.

Barisal.—There was slight overcrowding in the male wards Nos. 3, 4, 5 and 6 during the months of May, June, July, August and September. The workshops were occupied as sleeping wards throughout the year. The water-supply is the best procurable, being from the river drawn from mid stream, but it is not satisfactory, as the boat used for the purpose occasionally fails and at times water is very muddy. Dysentery is the main cause of sickness and mortality, which prevails intensely in the district. Sickness is due to overcrowding and to the fact that a large proportion of the prisoners are admitted with chronic dysentery, either active or quiescent. A new hospital is nearly completed, and this will increase the accommodation from 499 to 600. Extension of the intermural area of the jail compound, and the removal of the old garden and trenching ground to the brick field were recommended.

Hooghly.—There was no overcrowding in the jail. The wards are very old buildings of one storey forming three sides of a square so that thorough through ventilation is impracticable, and the prisoners sleep in rows four deep. The surroundings are bad on two sides where crowded *busties* approach close to the garden wall. On the third side the jail is overlooked by Hooghly Ghât station. The fourth side to the river is clear. The district is a very unhealthy one and a large proportion of prisoners are admitted in bad health, especially with enlarged spleens. The sickness and mortality (malarial fever, dysentery and diarrhœa) were owing, in most cases, to the condition of the prisoners on admission to jail.

Dinajpur.—There was slight overcrowding in wards Nos. 3, 4, 5 and 7, for the period of March to June. The female wards and cells are defective in respect to ventilation. The outside drains are defective, an estimate has been sanctioned for cement lined drains. The water-supply is theoretically perfect, a force pump and pasteur filter being in use, but the filter was out of order on several occasions, and then the water was boiled. No local causes of disease exist except the universal prevalence of malaria in the district and the high death rate is due mainly to the wretched physical condition, in which many of the prisoners were admitted. Almost every prisoner suffered to a greater or lesser degree from malarial cachexia, and the result was that their resisting powers were very much diminished.

alpaiguri.—There was no overcrowding during the year, except in the Hajat ward and here almost throughout the year; this was relieved by putting the excess into one of the empty dormitories. Ventilation of the female ward remains bad, even though new apertures have been made. The solitary cells and cook shed are also defective in this respect. The drainage inside the walls is effective, but the large *kutcha* drain outside which carries off the dirty water from the bathing platform and the kitchen is not satisfactory, and the water often accumulates therein. The Public Works Department has promised to put this right by the 31st March. The water-supply is good. Sickness has been chiefly due to malarial infection prior to admission. The majority of prisoners are of poor physique, and the percentage of enlargement of the spleen among them is very high. Several recommendations to improve the sanitation of the jail were made during the year: and plans and estimate for a main drain have been submitted by the Public Works Department and returned countersigned, so that the work should be commenced at an early date.

Bankura.—From May the under-trial ward continued to be overcrowded to the end of the year, but this was relieved by accommodating the excess number in one of the convict wards available. The high compound walls of the jail seem to be a bar to free ventilation inside the jail. The drain on the west side of the jail is defective. During the hottest part of the year the water for drinking and culinary purposes was obtained from a river near the jail, owing to the wells having dried up. At other times the well water was used for all purposes, and the water for drinking was boiled and cooled before issue to the prisoners. There was cholera in the town and in the vicinity of the jail in an epidemic form, and cases occurred among the prisoners. The diseases from which prisoners died were principally dysentery, diarrhœa, cholera, and tubercle of the lungs, the bad quality of the water being largely responsible for the bowel complaints.

Angul.—There was overcrowding in almost all the wards during the months of May, June, July and September. A part of the verandah was enclosed and a few short-term prisoners were located there to relieve overcrowding from 24th June to 9th July. Of the total of nine deaths, seven were from cholera alone, which was due to importation; an epidemic of a very bad type prevailed in the town, and in the surrounding villages.

TABLE XLIV—*continued.*

ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

Arrah.—There were 10 deaths including one under trial during the year. Four died of plague, one of pneumonia, two of remittent fever, one of enlarged spleen, one of anæmia on account of old age, and one of dysentery. Two prisoners who died were received in a bad state of health, and one in indifferent health. There were eight cases of plague in the jail, of which four recovered. The jail is situated in the centre of the town and there was a serious epidemic of plague in the neighbourhood.

Chapra.—The jail was overcrowded throughout the year; and the female wards in the months of April, September, October, November and December. The jail is surrounded on all sides by the native bazar. The chief local cause of disease is the great prevalence of intestinal worms. Fifty *per cent.* of the prisoners in a certain month passed round worms on being given santonine; and ova of ankylostomum, ascaris lumbricoides, and Turis vermicularis were found from time to time. The occurrence of plague in the town and district led to seven deaths in the jail, by its introduction.

Darjeeling.—There was overcrowding in the female ward since June, and in the under-trial ward from time to time, which was relieved by keeping the excess number in the cells and convict wards respectively. The hill men are very dirty. Though vastly improved in jail, it is difficult to keep them as clean as plain's men, notwithstanding particular attention is paid to their cleanliness. There was much sickness in the neighbourhood during the year. There was an outbreak of enteric fever during the year and four prisoners being attacked of whom two recovered and two died. This epidemic was probably due to the stoppage of the municipal water-supply for a certain period.

UNITED PROVINCES.

Banda.—There was a very slight temporary excess of prisoners over accommodation in the jail. The drainage is good within the jail walls, but bad outside, owing to want of a *pucca* drain the construction of which is now under consideration. Of the total admissions to the jail during the year 36·7 *per cent.* were in indifferent or bad health. A large number of prisoners come from Mahoba vicinity, which is very malarious. The jail is not considered an unhealthy one, but being in an unhealthy district, sickness and mortality must necessarily be somewhat higher than in a more healthy area. There were 11 deaths during the year; the smallest number since 1895 except last year.

Shaharanpur.—Overcrowding existed from the 15th of April to the 2nd of May and from the 8th to the 25th of September, chiefly in the habitual, under-trial, and civil prisoner's wards. Factories were used as dormitories for a few days during September while the overcrowding lasted. The large number of under-trial prisoners in confinement in April and May (mostly arrested at Hardwar during the *Kumbh melá*) were accommodated in the plague segregation camp outside the jail. The water-supply was tested from time to time by the Government analyst and pronounced fit for consumption. The district is notoriously unhealthy, chiefly owing to the prevalence of malarial fever; and a large proportion of the prisoners admitted into jail suffered from enlarged spleen and other symptoms of malarial cachexia. Malarial fever and dysentery were, as usual, the chief causes of sickness, the former with its sequelæ causing 184 admissions and the latter 110, out of a total of 571 admissions into hospital. Many of dysenteric cases were the subjects of malarial cachexia, which appeared to render them more prone to the disease and less capable of rallying from its exhausting effects. Beyond this the late continuance of the monsoon rains, which did not cease till the end of the first week in October, prolonged the existence of the conditions favourable to the occurrence of the disease. A fatal case of cholera occurred amongst the prisoners on the 14th August, which was followed about a fortnight later by another case in the jail officials' quarters. A third case occurred in the same quarter shortly after, and a warder also died of the disease, four cases altogether, all of which ended fatally. The infected barracks and quarters were vacated and disinfected, and all officials and warders were sent into camp. The wells were also repeatedly disinfected.

Agra Central.—There was no overcrowding. Ague caused by far the greatest number of admissions to hospital, in all 971 cases were admitted, many of these bring the infection with them to the jail and recrudescence occurs after chill, exposure, etc. The surrounding bazars are insanitary. Cholera was introduced into the jail probably through some article of hospital diet, though the exact source was never definitely ascertained. The disease appeared to take its origin at first from the hospital cook-house which was soon closed. Carpet and blanket weaving, wool teasing and close confinements, no doubt, in some case originate or develop latent tubercle but the disease was not specially prevalent, while lastly, jail confinement and associations, and mental trouble were the cause of a considerable amount of disease. The carpet factory was re-roofed and additional ventilating openings were introduced. A new mortuary was constructed outside the hospital compound. This building is chiefly made of wire netting and is fly-proof—in every way more satisfactory from a sanitary point of view.

Jhansi.—No overcrowding. The largest number of admissions into hospital was due to ague, which was not of a severe type, and which may be ascribed to climatic causes. Of the five prisoners who died in the jail two were in good and the others were in bad health on admission. Neither the sickness nor the mortality can be ascribed to any cause existing within the jail.

PUNJAB.

Lahore District.—The jail was overcrowded for 228 days during the year. Two worksheds were used as sleeping barracks at night for nine months, and temporary tents were pitched inside the jail to prevent overcrowding, when certain of the barracks were undergoing alteration and repair. There are no known local causes of disease in the jail. Pneumonia and dysentery have been very prevalent in spite of the small number of admissions for malaria. The food is well cooked and of good quality. The water is of good quality. The ventilation of the barracks is good. Nothing definite was ascertained as to the cause of the special prevalence of pneumonia and dysentery. The improvement of the ventilation of the barracks, solitary cells, and worksheds, which was begun in 1902, was continued and finished except for a few of the solitary cells.

BOMBAY.

Sind Gang.—As the prisoners of this gang are always accommodated in temporary *kutcha* barracks, which have large windows and roofing of reed mats, there is abundant ventilation, and therefore it is said that the dangers of less superficial area and cubic capacity per head are greatly minimised. The work being purely extramural, and this throughout both winter and summer, prisoners are exposed to the full variations of temperature that are very great in Sind. They are, therefore, very liable to attacks of sunstroke in summer and of pneumonia in winter. The water-supply at Pad Idan was drawn from a specially constructed well, which was declared to be unfit for use by the chemical analyser. At the new camp in Hyderabad (Sind) the water-supply is drawn from the Fulchi Canal, and this water being slightly turbid is treated with alum. This gang has been specially liable to pneumonia for the last three years. The precautionary measures tend to check the disease to a great extent, but do not eradicate it. This year because the gang arrived late in October and had to construct a new camp, when pneumonia broke out, much stress was laid on the wet work the prisoners had to do

TABLE XLIV—*continued.*

ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

necessitating contact with water, stirring up of the soil, etc. But when these causes were excluded by removing them to ballast work metal work), pneumonia still continued, even though jail was opened at 9 A.M. and prisoners locked up at 5-30 P.M. to avoid morning and evening variations of temperature (see Section IV). The probable reason for its persistently affecting the gang is the use of woollen clothing, that was probably infected in the first epidemic at Bhiria. This year there have been two epidemics of pneumonia; one in March, giving 22 admissions and nine deaths, and the other in November and December, giving a total of 44 attacks and 16 deaths. Except for the prevalence of pneumonia, this gang always enjoys good health.

Kurrachee.—There was no overcrowding. The surroundings of the jail are indifferent. Plague prevailed in the immediate neighbourhood of the prison. The sickness has been due in a great measure to causes outside the prison, many of the prisoners coming under treatment being syphilitic or infected by malaria before admission. The causes of dysentery and diarrhœa are not traceable.

Bombay Common.—The prison was overcrowded throughout the year, and this applies to all the wards; the workshops were used during the whole year to accommodate the excess. Ventilation is very defective. The sickness was attributed to the above conditions and to general physique of the prisoners, which is, as a rule, poor. An epidemic of relapsing fever occurred during the year. The prison is habitually overcrowded, but the evils attendant on this can be very considerably mitigated by improving the ventilation of the barracks. The buildings are old, having been constructed before sanitary science had advanced to its present standard; but in order to meet the increasing demands for accommodation, accretions in the form of lean-to worksheds, have been added to such a degree that the buildings which were originally structurally imperfect have, in the opinion of the medical officer, become positively dangerous. The hospital accommodation is also most unsatisfactory.

Bombay House of Correction.—The population has practically always been in excess of the accommodation, and temporary sheds or tents were used for its relief. None of the cells are properly ventilated owing to structural defects. These conditions probably tend to increase the sickness among the prisoners. The occurrence of relapsing fever was due to the transfer of prisoners in the incubation stage of the fever from the Bombay Common Prison, prior to the existence of the disease in the Common Prison having been recognised by the medical officer there.

CENTRAL PROVINCES.

Saugor.—There was no overcrowding. The outside drain requires improvement. The diet was changed to a wheat ration during the latter portion of the year, owing to the indifferent state of health of the prisoners and an extra quantity of oil was issued daily with much benefit to health. The district is most malarious, and a very large proportion of the prisoners have enlarged spleen. The hospital wards are being improved. The drainage inside the jail has been improved and that outside is to receive attention.

Nimar.—The jail was overcrowded for the first six months of the year, and workshops were used during the time. A ventilating window is required to each solitary cell. Malarial fever accounted for 34 per cent. of admissions. Other causes of sickness are not traceable. The three deaths from respiratory affections were ascribed to chill; one old chronic dysentery case was admitted into the jail in very bad health; three shown as anæmia (one pernicious) are considered to have been due to beri-beri, and the remaining three were due to unpreventable causes. In consequence of the deterioration in health of the prisoners, from September 3rd a wheat ration in lieu of *juari* has been issued twice a week and from 25th November three times a week with beneficial results. As nearly 50 per cent. of the convicts received (91 out of 200) are not Nimaris but foreigners (mainly from United Provinces Native States and Deccan), it cannot be said that *juari* is the staple food to which they have been accustomed.

MADRAS.

Berhampur.—No overcrowding. There was an epidemic of cholera in the village of Lenjapully, about 200 yards from the jail, from which infection was probably conveyed to the jail, as none of the attacks occurred among prisoners in quarantine. There were 14 attacks with seven deaths from the disease during the months of July and August. Of the other two deaths one was from obstruction of the bowels and one from enteric fever.

TABLE XLV.

INFLUENZA by months, Jails, Groups, and Administrations.

TABLE XLVI.

CHOLERA by months, Jails, Groups, and Administrations.

JAILS* AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair	...	...	...	...	...	...	...	...	...	77	43	23	143	...	...	...	...	...	...	...	...	...	...	...	...	...
Maubin	...	...	...	...	...	...	2	4	...	...	...	...	6	...	...	...	6	...	...	...	...	...	...	...	...	6
Akyab	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	8	...	...	...	...	9
GROUP I.—BURMA COAST AND BAY ISLANDS	...	...	...	...	...	...	2	4	...	77	43	23	149	1	...	...	6	...	...	...	8	...	...	...	...	15
Minbu	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	1	...	...	...	1
Myingyan Central	...	...	...	...	...	...	...	...	...	14	8	4	26	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND	...	...	...	...	...	...	...	...	...	14	8	4	26	...	...	...	...	...	...	...	...	1	...	...	...	1
Dibrugarh	...	...	...	...	4	1	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Tezpur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	2
Gauhati	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Sylhet	...	...	...	...	24	4	...	.	..	...	...	...	28	...	...	...	1	..	...	...	...	...	...	...	...	1
GROUP III.—ASSAM	...	...	...	...	28	5	...	...	...	...	...	...	33	...	...	...	1	1	1	...	1	...	...	...	...	4
Chittagong	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2
Jessore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.	...	3	...	...	...	...	...	...	...	...	3
Presidency Central Europeans	...	...	...	...	...	...	...	1	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
,, ,, Natives	...	...	2	2	4	2	1	40	4	...	...	...	55	...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore Central	5	5	7	10	5	10	7	15	46	30	18	16	174	...	...	...	...	...	...	...	...	...	...	...	...	...
Faridpur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	..	...	...	...	...	...	...	..	1
Pabna	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	..	...	...	...	1
Malda	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	2
Jalpaiguri	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Purneah	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Bankura	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	5
Puri	...	...	...	...	...	...	...	5	2	6	...	...	13	...	...	...	...	...	...	...	..	...	...	...	...	...
Angul	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	2	...	...	...	...	...	...	11
GROUP IV.—BENGAL AND ORISSA	5	5	9	12	9	12	8	61	52	36	19	16	244	...	...	...	5	9	4	6	1	...	1	1	...	27
A																										
Purulia	...	1	1	1	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Ranchi	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Monghyr	...	...	4	...	...	...	...	...	...	...	...	...	4	...	...	2	...	...	...	...	...	...	...	...	...	2
Darbhanga	...	...	...	7	...	...	...	...	...	...	1	...	8	...	...	...	1	...	...	...	...	...	...	...	...	1
Muzaffarpur	...	...	...	...	4	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Patna	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Azamgarh	...	...	...	3	5	2	...	...	...	1	1	...	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad	...	...	...	1	9	4	...	...	...	...	...	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Rai Bareli	...	...	4	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Banda	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehpur	...	...	5	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Hamirpur	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Unao	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	2	1	14	13	19	6	...	...	1	1	2	...	59	...	...	2	2	...	...	...	...	...	...	...	...	4
A																										
Shahjahanpur	...	...	...	3	6	...	...	...	...	...	...	...	9	...	...	...	...	...	...	...	..	...	...	...	...	...
Bareilly Central	...	...	...	...	...	...	...	1	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Bareilly District	...	4	1	7	14	19	5	...	7	2	1	...	60	...	...	...	...	...	...	...	...	...	...	...	...	...
Bulandshahr	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...		1	...	...	1
Bijnor	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Shaharanpur	...	...	6	2	6	...	...	...	...	...	...	...	14	...	...	...	...	...	...	...	1	...	...	...	...	1
Meerut	...	...	...	5	1	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Mung Rasul Central	18	23	...	...	...	...	...	...	...	...	...	...	41	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA	18	27	7	17	27	19	5	1	7	2	2	...	132	...	...	...	...	...	...	...	1	1	1	...	...	3
A																										
Kohat	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		1	...	...	...	...	...	1
Lyallpur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	...	...	...	...	...	...	8
Mooltan District	45	...	...	...	...	...	...	...	...	...	...	...	45	...	...	...	...	...	...	...	...	...	1	...	...	1
GROUP VII.—N. W. FRONTIER, INDUS VALLEY, AND N. W. RAJPUTANA	45	...	...	...	...	...	...	...	...	...	...	...	45	...	...	...	...	...	8	1	...	...	1	...	...	10

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* Jails where neither Influenza nor Cholera occurred are not shown in these tables.
For the annual ratios, see Table XLII.

TABLE XLV—*concluded.*

INFLUENZA by months, Jails, Groups, and Administrations.

TABLE XLVI—*concluded.*

CHOLERA by months, Jails, Groups and Administrations.

Jails, Groups and Administrations.	Admissions from Influenza in each month.													Admissions from Cholera in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Agra Central	...	..	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12	...	...	...	12
Jhansi	...	...	...	1	4	..	...	...	...	...	1	...	6	...	...	...	...	...	...	...	...			...	...	...
Group VIII.—S.-E. Rajputana, Central India, and Gujarat	...	...	...	1	4	...	...	...	...	...	1	...	6	...	...	...	...	...	...	...	...	12	...	..	...	12
A																										
Jubbulpore Central		12	...	175	7	...	...	...	...	...	.	...	194	...	..	...	...	...	...	...	...	...	...	...	..	...
Nagpur "	...	...	...	43	15	...	...	28	1	...	...	...	87	...	...	...	...	...	...	...	...	...	...	...	...	...
Wardha	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...	...	...	..	...	...	...	...	...	..	...
Group IX.—Deccan	...	12	...	218	22		...	28	1	2	...	...	283	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Trichinopoly Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2
Madras Penitentiary Central	...	...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	4
Nellore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
C																										
Berhampore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	13	1	...	...	...	14
Group XI.—Southern India	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14	2	...	1	4	21
INDIA	70	45	30	261	109	42	15	94	61	132	75	43	977	1	...	2	14	10	13	7	25	16	3	2	4	97
Andamans	...	...	...	...	...	...	...	...	...	77	43	23	143	...	...	...	...	...	...	...	...	...	...	...	...	...
Burma	...	...	...	...	...	...	2	4	...	14	8	4	32	1	...	...	6	...	...	...	8	1	...	...	...	16
Assam	...	...	...	...	28	5	..	...	..	...	...	...	33	...	...	..	1	1	1	...	1	...	...	...	...	4
Bengal	7	6	14	20	13	12	8	61	52	36	20	16	265	...	...	2	7	9	4	6	1	...	1	1	...	31
United Provinces	...	4	10	23	46	25	5	1	8	3	4	...	135	...	...	...	...	...	...	...	1	13	1	...	...	15
Punjab	63	23	...	...	...	...	...	...	...	...	...	...	86	...	...	...	...	...	8	...	...	...	1	...	...	9
N.-W. Frontier Province	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Bombay	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...
Central Provinces	...	12	...	218	22	...	...	28	1	2	...	...	283	...	...	...	...	...	...	..	...	...	...	...	..	...
Madras	...	...	...	...	...	...	...		...	...	...	..	...	...	...	...	...	...	...	...	14	2	...	1	4	21

TABLE XLVII.

ENTERIC FEVER by months, Jails, Groups, and Administrations.

Jails* and Groups.	Admissions from Enteric Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Moulmein	...	...	...	...	...	...	...	1	...	...	...	...	1
Rangoon Central, Europeans	...	...	...	...	...	...	...	...	...	...	...	...	...
Do. do., Natives	...	...	...	...	...	...	...	...	...	...	...	...	...
Bassein Central	...	...	...	...	...	...	1	...	...	...	...	...	1
Insein do.	...	...	...	...	...	...	1	...	...	...	1	...	2
Sandoway	...	...	...	...	...	...	...	...	...	...	...	...	...
Group I.—Burma Coast and Bay Islands	...	...	...	...	...	...	2	1	...	...	1	...	4
Prome	...	...	...	...	...	3	...	...	...	...	...	...	3
Thayetmyo Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Pagan	...	...	...	...	...	...	...	...	...	...	...	...	...
Pakokku	...	...	...	...	...	...	...	...	...	...	...	...	...
Mandalay Central	...	...	...	...	...	...	...	...	...	...	1	...	1
Group II.—Burma Inland	...	...	...	...	...	3	...	...	...	...	1	...	4
Mymensing	...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore Central	...	...	1	...	...	...	...	...	...	...	...	...	1
Murshidabad	...	...	...	1	...	...	...	...	...	...	...	...	1
Rajshahi Central	...	...	1	...	...	...	...	...	...	...	...	...	1
Malda	...	...	...	...	...	...	...	...	...	...	...	...	...
Dinajpur	...	...	1	...	...	...	...	...	...	...	...	...	1
Bankura	...	...	...	...	...	...	...	...	...	...	...	...	...
Cuttack	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IV.—Bengal and Orissa	...	...	3	1	...	...	...	...	...	...	...	...	4
A													
Hazaribagh Central	1	...	...	...	...	...	...	...	1	...	...	...	2
B													
Gaya	...	...	...	...	...	...	...	...	...	...	...	...	...
Champarrun	...	...	...	...	...	...	...	...	...	...	...	...	...
Arrah	...	...	...	...	...	...	...	...	...	...	...	...	...
Basti	...	...	...	...		...	...	...	...	...	...	...	...
Allahabad District	...	...	1	...	...	...	...	...	...	...	...	...	1
Unao	...	...	...	...	...	...	...	...	...	...	...	...	...
Barabanki	1	...	...	...	...	...	...	...	...	...	...	...	1
Bahraich	...	...	...	...	...	1	...	...	...	...	...	...	1
Mainpuri	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh Central	...	...	...	1	...	...	...	...	...	...	...	...	1
Do. District	...	...	1	...		...	...	...	...	...	...	...	1
Group V.—Gangetic Plain and Chutia Nagpur	2	...	2	1	...	1	...	...	1	...	...	...	7
Bareilly Central	...	...	...	...	...	...	...	...	1	...	...	...	1
Saharanpur	...	...	...	...	...	...	...	...	...	1	...	...	1
Rohtak	...	...	...	...	...	...	...	1	...	...	...	...	1
B													
Ferozepore	...	...	...	...	...	...	...	...	...	...	...	...	...
Lahore Central	...	...	...	...	...	...	2	1	...	...	...	...	3
Gujranwala	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VI.—Upper Sub-Himalaya	...	...	...	...	...	...	2	2	1	1	...	...	6

TABLE XLVIII.

SIMPLE CONTINUED FEVER by months, Jails, Groups, and Administrations.

Jails* and Groups.	Admissions from Simple Continued Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Moulmein	1	...	...	...	...	...	...	...	...	...	...	...	1
Rangoon Central, Europeans	...	...	...	...	...	...	...	...	...	1	1	1	3
Do. do., Natives	...	...	...	...	...	...	8	20	24	24	20	20	116
Bassein Central	...	...	...	...	...	...	...	...	12	7	3	5	27
Insein do.	...	...	...	...	3	6	2	...	...	...	...	...	11
Sandoway	...	...	...	...	...	...	...	...	1	...		...	1
Group I.—Burma Coast and Bay Islands	1	...	...	...	3	6	0	20	37	32	24	26	159
Prome	...	...	...	...	...	...	10	4	1	...	...	...	15
Thayetmyo Central	...	...		1	...	...	...	...	...	...	...	...	1
Pagan	...	...	...	...	...	...	...	...	1	...	...	...	1
Pakokku	.		...	1	...	...	...	...	...	...	...	...	1
Mandalay Central	...	...	...	...	...	...	...	...	...	...	...	...	
Group II.—Burma Inland	...	...	...	2	...	...	10	4	2		...	...	18
Mymensing	...	...	...	...	...	...	25	13	7	...	19	4	68
Alipore Central	...	...	...	...	...	...	...	...	...	...	...		...
Murshidabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Rajshahi Central	...	...	...	...	...	...	...	...	...	...	...	...	
Malda	...	...	...	...	...	...	2	...	...	...	...	...	2
Dinajpur	...		...	...	...	...	4	...	...	...	...	...	4
Bankura	...	...	...	3	...	...	...	...	...	...	...	...	3
Cuttack	...	...	...	...	...	...	...	5	...	...	...	...	5
Group IV.—Bengal and Orissa	...	...	...	3	...	...	31	18	7	...	19	4	82
A													
Hazaribagh Central	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Gaya	...	2	1	...	...	...	...	...	...	...	...	...	3
Champarrun	2	1	1	3	1	...	...	...	...	...	...	...	8
Arrah	...	...	2	...	...	...	...	...	...	...	...	...	2
Basti	...	1	...	...	...	...	...	...	...	...	...	...	1
Allahabad District	...	...	...	...	...	...	...	...	...	...	...	...	...
Unao	...	...		1	...	...	...	...	...	...	...	...	1
Barabanki	...	...	...	1	2	5	6	...	...	...	...	...	14
Bahraich	...	...	...	...	...	...	...	...	...	...	...	...	...
Mainpuri	...	...	...	3	...	...	...	...	...	...	...	...	3
Fatehgarh Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Do. District	...	...	...	...	...	...	...	...	...	...	...	...	...
Group V.—Gangetic Plain and Chutia Nagpur	2	4	4	8	3	5	6	...	...	...	...	...	32
Bareilly Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Saharanpur	...	...	...	...	...	...	2	2	1	...	...	...	5
Rohtak	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Ferozepore	...	...	...	...	2	7	5	3	5	2	2	...	26
Lahore Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Gujranwala	...	...	...	...	...	...	...	...	7	9	3	...	19
Group VI.—Upper Sub-Himalaya	...	...	...	...	2	7	7	5	13	11	5	...	50

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* Jails where neither Enteric Fever nor Simple Continued Fever occurred are not shown in these tables. For the annual ratios, see Table XLII.

TABLE XLVII—*continued.*

ENTERIC FEVER by months, Jails, Groups, and Administrations.

Jails, Groups, and Administrations.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A													
Dera Ismail Khan	...	...	...	...	1	...	...	...	...	...	...	...	1
Dera Ghazi Khan	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	...	...	...	...	1	...	...	...	...	...	...	...	1
A													
Bhandara	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Akola Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Basim	...	...	...	...	...	...	...	...	...	...	...	...	...
Deccan Gang	...	...	...	...	...	...	...	...	...	...	...	...	...
Dharwar	...	...	...	...	...	...	1	...	...	...	...	...	1
Group IX.—Deccan	...	...	...	..	...	...	1	...	...	...	...	...	1
Thana	...	...	1	...	...	...	...	...	...	...	...	...	1
Mangalore	...	...	1	...	...	...	...	...	...	...	...	...	1
Cannanore Central	...	1	...	...	...	...	...	...	2	...	...	3	6
Group X.—Western Coast	...	1	2	...	...	...	...	...	2	...	...	3	8
A													
Bellary	..	...	...	...	...	...	...	...	...	...	...	...	...
Salem Central	...	...	...	...	...	...	...	1	...	...	...	...	1
Coimbatore Central	2	...	1	...	1	...	...	...	...	...	...	...	4
B													
Palamcottah	...	...	...	...	...	...	...	...	...	...	...	...	...
Madura	...	...	...	...	...	...	...	...	...	...	...	...	...
Tanjore	...	...	...	...	...	...	...	...	...	...	...	...	...
Vellore Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Nellore	...	...	...	...	...	...	...	...	...	...	...	...	...
C													
Berhampur	...	...	...	...	...	...	1	...	...	...	...	...	1
Group XI.—Southern India	2	...	1	...	1	...	1	1	...	...	...	...	6
Darjeeling	...	...	...	...	1	2	1	...	...	...	...	...	4
Group XII.—Hills	...	...	...	...	1	2	1	...	...	...	...	...	4
INDIA	4	1	8	2	3	6	7	4	4	1	2	3	45
Andamans	...	...	...	...	...	...	...	...	...	...	...	...	...
Burma	...	...	...	...	...	3	2	1	...	...	2	...	8
Assam	...	...	...	...	...	...	...	...	...	...	...	...	...
Bengal	1	...	3	1	1	2	1	...	1	...	...	...	10
United Provinces	1	...	2	1	...	1	...	...	1	1	...	...	7
Punjab	...	...	...	...	...	...	2	2	...	...	...	...	4
North-West Frontier Province	...	...	...	...	1	...	...	...	...	...	...	...	1
Bombay	...	...	1	...	...	...	1	...	...	...	...	...	2
Central Provinces	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras	2	1	2	...	1	...	1	1	2	...	...	3	13

TABLE XLVIII—*continued.*

SIMPLE CONTINUED FEVER by months, Jails, Groups, and Administrations.

Jails, Groups, and Administrations.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A													
Dera Ismail Khan	...	...	...	...	...	...	.	...	...	...	...	...	...
Dera Ghazi Khan	...	...	...	3	...	...	...	...	...	...	...	...	3
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	...	...	...	3	...	...	...	...	...	...	...	...	3
A													
Bhandara	...	...	3	2	...	4	1	2	2	1	...	...	15
B													
Akola Central	...	...	...	...	1	1	...	...	...	3	...	...	5
Basim	...	...	...	...	...	...	...	...	...	1	...	...	1
Deccan Gang	...	2	1	...	7	1	...	4	4	1	...	...	20
Dharwar	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IX.—Deccan	...	2	4	2	8	6	1	6	6	6	...	...	41
Thana	...	...	...	...	...	...	...	1	...	..	1	...	2
Mangalore	...	...	...	...	...	...	...	...	...	...	...	...	...
Cannanore Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Group X.—Western Coast	...	...	...	...	...	...	...	1	...	...	1	...	2
A													
Bellary	...	...	1	2	2	...	...	4	...	...	1	...	10
Salem Central	...	...	...	...	...	..	...	...	...	...	...	...	...
Coimbatore Central	2	4	4	2	21	...	3	3	1	3	2	2	47
B													
Palamcottah	...	...	...	...	...	...	1	...	...	...	...	2	3
Madura	...	1	...	...	...	...	...	...	...	...	...	...	1
Tanjore	...	...	...	...	1	1	...	1	...	...	...	...	3
Vellore Central	11	5	5	1	3	4	7	6	4	10	8	7	71
Nellore	...	1	3	...	...	...	...	...	1	...	3	...	8
C													
Berhampur	...	...	...	...	...	...	...	...	1	...	...	...	1
Group XI.—Southern India	13	11	13	5	27	5	11	14	7	13	14	11	144
Darjeeling	...	...	...	...	9	...	...	...	...	...	...	...	9
Group XII.—Hills	...	...	...	...	9	...	...	...	...	...	...	...	9
INDIA	16	17	21	23	52	29	76	68	72	62	63	41	540
Andamans	...	...	...	...	...	...	...	...	...	...	...	...	...
Burma	1	...	...	2	3	6	20	24	39	32	24	26	177
Assam	...	...	...	...	...	...	...	...	...	...	...	...	...
Bengal	2	3	4	6	10	...	31	18	7	...	19	4	104
United Provinces	...	1	...	5	2	5	8	2	1	...	...	...	24
Punjab	...	...	...	3	2	7	5	3	12	11	5	...	48
North-West Frontier Province	...	...	...	...	...	...	...	...	...	...	...	...	...
Bombay	...	2	1	...	7	1	...	5	4	1	1	...	22
Central Provinces	...	...	3	2	1	5	1	2	2	5	...	...	21
Madras	13	11	13	5	27	5	11	14	7	13	14	11	144

TABLE XLIX.

INTERMITTENT FEVER by months, Jails, Groups, and Administrations.

JAILS* AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair	629	565	767	760	956	2,164	2,490	1,437	1,452	1,246	1,021	883	14,370
Mergui	...	...	...	2	...	2	1	1	2	1	3	...	12
Tavoy	2	1	...	...	...	...	...	...	...	...	1	...	4
Moulmein	...	...	1	3	5	2	6	2	...	...	2	1	22
Shwegyin	4	1	1	...	...	1	3	1	1	...	5	...	17
Toungoo	...	...	1	...	...	6	4	2	3	...	2	1	19
Rangoon, Central, Europeans	...	...	...	...	...	...	1	...	...	1	...	...	2
Rangoon, Central, Natives	14	22	16	16	69	52	42	9	3	3	4	2	252
Maubin	1	2	1	2	...	5	2	...	1	1	4	2	21
Myaungmyo	8	9	9	1	2	4	11	11	...	2	9	10	76
Bassein, Central	5	5	1	3	2	5	8	5	...	...	...	...	34
Insein ,,	14	13	10	5	24	38	40	20	15	10	18	18	225
Henzada	1	1	1	...	2	2	4	2	7	3	2	...	25
Myanaung	...	1	...	...	...	...	1	...	...	...	...	...	2
Sandoway	...	...	...	...	...	...	...	3	1	1	...	1	6
Kyaukpyu	2	2	6	6	...	4	14	15	19	10	11	1	90
Akyab	19	18	9	13	14	23	5	4	11	2	3	2	123
GROUP I.—BURMA COAST AND BAY ISLANDS	699	640	823	811	1,074	2.308	2,632	1,512	1,515	1,280	1,085	921	15,300
Paungdi	1	...	1	...	...	1	1	1	...	2	...	...	7
Prome	1	1	4	1	...	7	...	1	3	2	4	...	24
Thayetmyo Central	2	...	13	...	...	1	4	6	1	4	3	5	39
Minbu	...	2	...	...	1	2	1	...	1	...	...	...	7
Yamethin	...	...	1	...	...	...	...	...	...	...	...	...	1
Meiktila	1	2	1	9	...	...	...	1	1	1	...	3	19
Pagan	...	1	...	...	...	...	...	...	...	...	...	...	1
Pakokku	...	...	...	...	...	1	...	1	...	...	...	...	2
Myingyan, Central	3	...	...	...	3	...	3	5	5	16	12	4	51
Mandalay ,,	13	9	4	11	15	15	19	29	26	33	36	19	229
Monywa	...	1	...	1	...	...	...	...	...	...	...	1	3
Shwebo	...	2	2	1	1	3	2	...	...	...	...	1	12
Bhamo	...	...	...	2	1	2	2	3	2	1	3	4	20
Katha	...	...	...	...	...	1	...	...	...	...	...	...	1
Kindat	...	...	...	...	...	...	...	...	1	...	...	...	1
GROUP II.—BURMA INLAND	21	18	26	25	21	33	32	47	40	59	58	37	417
Cachar	...	...	...	...	1	...	...	...	...	...	3	1	5
Sibsagar	...	...	...	...	2	...	2	2	...	3	...	...	9
Dibrugarh	2	...	...	1	1	1	3	6	6	4	...	2	26
Tezpur	3	1	2	3	8	4	2	4	4	...	2	1	34
Gauhati	1	...	...	4	3	1	4	...	4	3	2	...	22
Sylhet	7	5	11	11	21	5	13	10	11	17	9	5	125
GROUP III.—ASSAM	13	6	13	19	36	11	24	22	25	27	16	9	221
Mymensingh	20	6	7	42	35	19	5	7	7	23	2	7	180
Dacca, Central	7	6	4	13	10	9	12	22	27	17	23	23	173
Tippera	2	...	2	1	6	3	1	6	8	8	10	3	50
Chittagong	6	3	5	6	16	12	10	13	13	10	18	2	114
Noakhali	1	1	3	4	1	1	3	2	2	3	7	4	32
Backergunge	9	7	17	11	9	11	32	15	9	5	14	7	146
Khulna	...	...	1	3	7	1	2	3	3	3	6	4	33
Jessore	6	9	4	8	6	8	1	17	31	19	34	25	168
Baraset	6	4	3	3	3	2	3	6	9	24	14	6	83
Presidency, Central, Europeans	...	...	...	...	...	...	...	...	...	3	...	...	3
Presidency Central, Natives	7	7	5	2	...	4	6	10	13	14	19	8	95
Alipore, Central	2	5	2	3	6	1	3	6	3	5	4	3	43
Hooghly	7	13	20	17	13	17	13	15	24	23	24	1	187
Burdwan	8	8	9	11	7	7	8	13	15	8	25	26	145
Krishnagar	6	4	4	2	6	6	2	9	4	5	5	4	57
Faridpur	...	7	5	3	5	6	9	10	2	5	8	7	67
Pubna	11	9	11	5	7	6	12	4	8	5	8	10	96
Murshidabad	...	...	...	3	2	...	11	5	4	8	7	3	43
Rajshahi, Central	38	31	22	25	21	16	22	11	8	8	15	6	223
Bogra	3	1	5	1	3	3	4	7	3	6	6	3	45
Malda	5	8	4	18	12	10	8	1	16	17	14	10	123
Dinajpur	5	6	1	3	3	3	8	4	6	14	8	8	69
Rangpur	5	5	1	2	7	12	6	20	13	19	24	9	123
Jalpaiguri	...	1	2	1	...	4	8	5	1	4	4	5	35
Purneah	4	2	12	11	2	8	5	6	6	4	1	...	61
Naya Dumka	2	1	...	1	...	...	7	2	1	1	2	...	17
Suri	1	9	5	5	3	5	5	5	6	4	6	4	58
Bankura	2	1	...	2	7	...	2	4	3	6	3	4	34
Midnapur, Central	15	17	15	5	2	11	15	29	29	52	49	41	280
Balasore	1	...	2	...	...	1	3	3	4	3	3	1	21
Cuttack	7	19	12	6	7	11	7	...	8	27	28	5	137
Puri	3	1	11	9	1	5	1	1	3	...	16	6	57
Angul	...	...	3	...	2	...	...	...	4	2	1	1	13
GROUP IV.—BENGAL AND ORISSA	189	191	197	226	209	202	234	261	293	355	408	246	3,011

TABLE L.

REMITTENT FEVER by months, Jails Groups, and Administrations.

JAILS* AND GROUPS.	ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair	2	7	8	3	3	...	4	1	13	6	4	15	66
Mergui	...	...	...	...	...	...	...	...	...	...	...	...	...
Tavoy	...	...	...	...	...	...	...	...	...	...	...	...	...
Moulmein	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwegyin	...	...	...	...	...	...	...	...	...	...	...	...	...
Toungoo	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon, Central, Europeans	...	...	...	...	...		...	...	...	...	...	...	...
Rangoon, Central, Natives	...	...	...	...	...	...	...	...	...	...	...	...	...
Maubin	...	...	...	...	...	...	...	...	...	...	...	...	...
Myaungmyo	3	1	...	3	1	...	1	1	...	...	...	...	10
Bassein, Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Insein ,,	...	...	...	...	...	...	...	...	...	...	...	...	...
Henzada	...	...	...	...	...	...	...	...	...	1	...	...	1
Myanaung	...	...	...	...	...	...	...	...	...	...	...	...	...
Sandoway	...	...	...	...	...	...	...	...	...	...	...	...	...
Kyaukpyu	...	...	...	...	...	...	...	...	...	1	...	...	1
Akyab	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS	5	8	8	6	4	...	5	2	13	8	4	15	78
Paungdi	...	...	...	...	...	...	...	...	...	...	...	...	...
Prome	...	...	...	...	...	...	1	...	...	...	...	...	1
Thayetmyo Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Minbu	...	...	...	...	...	...	...	...	...	...	...	...	...
Yamethin	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila	...	...	...	...	...	...	...	...	...	...	...	...	...
Pagan	...	...	...	...	...	...	...	...	...	...	...	...	...
Pakokku	...	...	...	...	...	...	...	...	...	...	...	...	...
Myingyan, Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Mandalay ,,	...	...	...	...	...	...	...	...	...	...	...	...	...
Monywa	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo	...	...	...	...	1	6	5	2	...	...	...	...	14
Bhamo	...	...	...	...	...	...	...	...	...	...	...	...	...
Katha	...	...	...	...	...	...	...	...	...	...	...	...	...
Kindat	...	...	...	...	...	...	...		...	...	...	...	...
GROUP II.—BURMA INLAND	...	...	...	...	1	6	6	2	...	...	...	...	15
Cachar	...	...	...	...	...	...	...	...	...	...	...	...	...
Sibsagar	...	...	...	...	...	...	...	...	...	...	...	...	...
Dibrugarh	...	...	...	...	...	...	...	...	...	...	...	...	...
Tezpur	...	...	1	...	...	...	...	...	...	...	...	...	1
Gauhati	...	...	...	...	...	...	...	...	...	...	...	...	...
Sylhet	...	...	...	...	...	...	...	...	...	...	1	1	2
GROUP III.—ASSAM	...	...	1	...	...	...	...	...	...	...	1	1	3
Mymensingh	...	...	...	...	...	...	...	...	...	...	...	...	...
Dacca, Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Tippera	...	...	...	...	...	...	...	...	...	...	...	...	...
Chittagong	...	...	...	...	...	1	...	...	...	...	...	...	1
Noakhali	...	...	...	...	...	...	...	...	...	...	...	...	...
Backergunge	...	...	...	...	...	...	...	1	...	...	...	...	1
Khulna	...	...	...	...	...	...	...	...	...	...	...	...	...
Jessore	...	...	...	...	...	...	...	2	1	1	...	1	5
Baraset	...	...	...	...	...	...	...	...	...	...	...	...	...
Presidency, Central, Europeans	...	...	...	...	...	...	...	...	...	...	...	...	...
Presidency Central, Natives	...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore, Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Hooghly	1	...	...	...	...	...	...	...	...	1	...	...	2
Burdwan	...	...	...	...	...	...	...	...	...	1	...	...	1
Krishnagar	...	...	...	...	...	...	...	...	...	...	...		...
Faridpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Pubna	...	...	...	...	...	...	...	...	...	...	...	...	...
Murshidabad	...	...	1	...	1	...	...	...	...	...	...	...	2
Rajshahi, Central	...	...	...	...	...	...	1	...	...	...	...	...	1
Bogra	...	...	...	...	...	...	...	...	...	...	...	...	...
Malda	...	...	...	1	...	...	...	...	...	2	...	...	3
Dinajpur	...	...	...	...	7	4	...	...	...	...	...	...	11
Rangpur	...	...	...	...	...	...	...	...	...	1	...	...	1
Jalpaiguri	...	...	...	...	...	...	...	...	...	...	...	...	...
Purneah	...	...	...	...	...	...	...	...	...	...	...	...	...
Naya Dumka	...	...	...	...	...	...	...	...	...	...	...	...	...
Suri	...	...	...	...	...	...	...	...	...	...	...	...	...
Bankura	...	...	...	...	...	...	...	...	...	...	...	...	...
Midnapur, Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Balasore	...	...	...	...	...	...	...	...	...	...	...	...	...
Cuttack	...	...	...	...	1	...	1	...	...	...	...	...	2
Puri	...	...	...	...	...	...	...	...	...	...	...	...	...
Angul	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA	1	...	1	1	9	5	2	3	1	6	...	1	30

* Jails where neither Intermittent Fever nor Remittent Fever occurred are not shown in these tables.

TABLE XLIX—*continued.*

INTERMITTENT FEVER by months, Jails, Groups, and Administrations.

TABLE L—*continued.*

REMITTENT FEVER by months, Jails, Groups, and Administrations.

Jails and Groups.	Admissions from Intermittent Fever in each month.													Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Chaibassa	1	17	6	2	8	8	10	10	8	3	10	12	95	...	...	...	...	...	...	...	...	...	...	...	...	...
Purulia	2	1	1	5	3	1	3	6	3	5	2	3	35	...	...	...	...	...	...	...	...	...	...	...	...	...
Ranchi	1	...	...	1	1	2	...	1	4	3	3	...	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Palamau	2	...	1	3	...	1	4	6	4	1	...	...	22	...	...	...	...	...	...	...	...	...	...	...	...	...
Hazaribagh, Central	19	18	23	15	11	12	19	14	25	18	16	19	209	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Gaya	3	2	5	6	2	2	4	1	5	3	10	1	44	1	...	3	...	...	...	...	...	...	...	...	...	
Bhagalpur, Central	11	6	20	27	17	22	28	35	29	20	14	25	254	...	...	...	...	...	...	...	...	...	...	...	...	...
Monghyr	1	4	9	2	...	2	6	3	3	2	4	4	40	...	...	...	...	...	...	...	...	...	...	...	...	...
Darbhanga	...	4	4	2	5	1	...	6	2	7	11	9	51	...	...	...	...	...	...	...	...	...	...	...	...	...
Champarun	...	4	2	2	3	7	11	13	6	6	10	17	81	...	...	...	...	...	...	...	...	...	...	...	...	...
Muzaffarpur	1	8	3	12	2	17	15	12	12	5	1	3	91	1	...	3	2	5	...	...	...	...	...	...	...	
Patna	2	4	4	4	14	3	10	14	6	21	10	2	94	2	...	...	...	1	...	...	...	...	...	...	...	
Arrah	3	...	...	...	2	3	4	5	4	1	4	...	26	3	...	2	2	...	...	...	...	...	...	...	...	
Chapra	...	9	11	7	9	2	13	4	9	9	3	4	80	...	...	...	...	...	...	...	...	...	...	...	...	...
Buxar, Central	101	60	418	705	246	98	199	127	115	149	154	83	2,455	...	...	...	...	...	...	...	...	...	...	...	...	...
Ghazipur	9	4	2	8	4	4	5	5	8	5	8	3	65	...	...	...	...	...	...	...	...	...	...	...	...	...
Azamgarh	3	2	3	4	...	7	9	5	4	7	16	6	66	...	...	...	...	...	...	...	...	...	...	...	...	...
Kasia	1	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Gorakhpur	8	2	8	8	5	9	4	6	11	16	6	11	94	...	...	...	...	...	...	...	...	...	...	...	...	...
Basti	3	3	9	...	3	4	9	5	6	6	3	4	55	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad	6	5	6	8	18	10	7	9	10	7	8	...	94	...	...	...	...	...	...	...	...	...	...	...	...	...
Sultanpur	3	...	...		2	2	2	...	2	6	12	4	33	...	...	...	...	...	...	...	...	...	...	...	...	...
Rai Bareli	3	...	2	2	7	4	...	4	4	11	5	2	44	...	...	...	...	...	...	...	...	...	...	...	...	...
Partabgarh	1	1	...	...	4	...	...	2	...	6	2	3	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Jaunpur	3	...	4	4	3	1	3	1	4	9	9	2	43	...	...	...	...	...	...	...	...	...	...	...	...	...
Benares, Central	23	9	16	31	8	20	12	8	8	21	22	19	197	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	3	4	5	11	1	2	2	1	6	6	3	3	47	...	...	...	...	...	...	...	...	...	...	...	...	...
Mirzapur	1	1	9	3	2	5	8	1	6	15	22	12	85	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad Central	8	9	16	24	63	13	41	35	23	65	25	9	331	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	3	2	2	1	...	2	6	2	3	8	8	1	38	...	...	...	...	...	...	...	...	...	...	...	...	...
Karwi	1	...	1	...	1	...	...	...	2	2	1	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Banda	10	5	5	10	3	6	10	10	11	40	17	11	138	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehpur	9	6	16	13	14	4	1	4	41	56	9	8	181	...	...	...	...	...	...	...	...	...	...	...	...	...
Hamirpur	2	1	5	5	1	2	1	...	2	10	5	5	39	...	...	...	...	...	...	...	...	...	...	...	...	...
Orai	2	...	...	1	10	4	5	6	35	26	5	...	94	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore	2	...	3	9	2	1	3	5	8	8	2	1	44	...	...	...	...	...	...	...	...	...	...	...	...	...
Unao	...	2	...	1	...	1	1	8	15	18	6	1	53	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow, Central	4	...	3	2	5	4	6	3	12	33	8	5	85	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	...	...	1	...	...	...	1	2	3	6	4	2	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Barabanki	6	3	5	...	...	3	5	1	4	10	6	2	45	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonda	1	12	...	7	7	6	1	3	10	4	2	1	54	...	...	...	...	...	...	1	1	...	...	...	...	2
Bahraich	3	2	2	1	11	9	8	4	3	13	20	3	79	...	...	...	...	...	...	...	...	...	...	...	...	...
Kheri	2	7	9	7	6	2	7	5	3	8	3	2	61	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitapur	1	2	...	3	3	...	1	...	...	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Hardoi	1	1	1	4	1	...	...	3	20	4	1	3	39	...	...	...	...	...	...	...	...	...	...	...	...	...
Etawah	1	...	...	2	5	...	...	3	1	5	2	...	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Mainpuri	7	2	3	27	6	7	2	3	12	45	16	9	139	...	...	1	1	...	...	...	...	...	...	...	...	2
Etah	4	3	1	2	4	7	3	6	18	45	17	22	132	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh, Central	7	11	24	15	8	11	26	48	24	39	11	18	242	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	...	...	1	1	1	4	6	18	7	13	10	4	65	...	...	...	...	...	...	...	...	...	...	...	...	...
Group V.—Gangetic Plain and Chutia Nagpur	288	236	669	1,007	531	335	521	473	561	827	546	358	6,352	7	...	9	5	6	...	1	1	...	...	...	...	29
A																										
Shahjahanpur	2	2	4	3	1	3	4	9	12	11	6	3	60	...	...	...	...	...	...	...	...	...	...	...	...	...
Pilibhit	...	1	...	1	2	1	1	2	1	2	3	1	15	...	...	...	...	...	...	...	...	...	...	...	...	...
Bareilly, Central	11	8	14	24	18	21	21	37	28	123	53	19	377	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	5	5	2	1	4	9	6	18	22	27	20	8	127	...	...	...	...	...	...	...	...	...	...	...	...	...
Budaon	2	9	2	11	5	12	5	11	8	13	2	4	84	...	...	...	...	...	...	...	...	...	...	...	...	...
Aligarh	7	5	2	5	9	1	2	7	16	25	12	3	94	...	...	...	...	...	...	...	...	...	...	...	...	...
Bulandshahr	3	2	1	3	2	7	3	3	2	3	2	2	33	...	...	...	...	...	...	...	...	...	...	...	...	...
Moradabad	14	11	7	3	2	4	2	11	23	27	38	12	154	...	...	...	...	...	...	...	...	...	...	...	...	...
Bijnor	7	1	...	4	10	3	4	8	26	36	13	5	117	...	...	...	...	...	...	...	...	...	...	...	...	...
Dehra Dun	...	...	2	1	2	2	...	3	2	3	1	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Shaharanpur	3	6	7	8	13	7	2	12	20	44	28	20	170	...	...	...	...	...	...	...	1	2	2	...	...	5
Muzaffarnagar	1	2	2	...	1	4	1	...	12	22	2	1	48	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut	7	6	5	13	19	7	7	27	33	65	27	17	233	...	1	...	...	...	...	...	...	...	...	...	...	1
Delhi	16	6	3	14	13	10	9	31	48	29	6	12	197	...	...	...	...	...	...	...	...	...	...	...	...	...
Rohtak	3	3	2	3	9	5	...	...	5	13	13	4	60	...	...	...	...	...	...	...	...	...	...	...	...	...
Hissar	6	1	6	2	3	12	4	13	12	23	8	14	104	...	...	...	...	...	...	...	...	...	...	...	...	...
Karnal	1	3	1	6	6	2	10	9	9	12	6	3	68	...	...	...	...	...	...	...	...	...	...	...	...	...
Umballa	15	5	15	23	51	41	10	32	66	143	34	16	451	...	...	...	...	...		...	...	...	...	...	...	...
B																										
Ludhiana	5	3	11	2	9	5	5	3	27	33	20	9	132	...	...	...	1	...	...	...	...	...	...	...	...	1
Hoshiarpur	...	...	1	1	3	12	6	2	2	5	6	1	39	...	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur	4	2	6	9	3	6	6	10	2	1	...	2	51	...	...	...	...	...	...	...	1	...	...	...	...	1
Ferozepore	11	...	5	5	2	...	...	...	...	23	8	7	61	...	...	...	...	...	...	1	...	...	...	...	...	1
Amritsar	5	14	6	5	7	4	1	3	23	42	25	10	145	...	...	...	...	...	...	...	...	...	...	...	...	...
Lahore, Central	89	62	61	76	82	48	19	50	53	178	62	190	970	...	...	...	...	...	1	...	...	...	...	...	...	1
,, District	6	21	11	22	26	5	7	10	10	25	11	23	177	1	...	...	...	...	...	...	...	...	...	...	...	1
,, Female	...	...	5	4	8	4	7	6	4	9	5	6	58	...	...	...	...	...	...	...	...	...	...	...	...	...
Gurdaspur	...	1	1	...	6	1	1	1	14	9	1	5	40	1	...	...	...	...	...	...	...	...	...	...	...	1
Gujranwala	5	3	5	4	9	6	9	3	2	8	29	25	108	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot	2	1	2	...	6	1	5	3	13	34	28	22	117	...	...	...	...	...	...	...	...	...	...	...	...	...
Gujrat	...	...	...	3	...	1	2	4	4	8	10	8	40	...	...	...	...	...	...	...	...	...	...	...	...	...
Mung Rasul, Central	10	10	2	...	...	...	...	...	...	...	...	...	22	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhelum	16	16	10	10	15	9	9	23	13	41	37	25	224	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi	17	27	18	22	30	31	28	17	25	80	125	37	457	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VI.—Upper Sub-Himalaya	273	236	219	288	376	284	196	368	537	1,117	641	514	5,049	2	1	...	1	...	1	1	2	2	2	...	...	12

ILS, GROUPS AND MINISTRATIONS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
shawar	3	1	2	10	15	16	6	10	6	20	28	4	121	...	...	...	...	...	...	...	...	...	...	...	...	...
hat	1	3	4	4	2	12	3	8	21	26	31	18	133	...	...	...	...	...	...	...	...	...	...	...	...	...
nnu	4	2	2	3	4	3	3	2	3	10	18	5	59	...	...	...	...	...	...	...	...	...	...	...	...	...
ahpur	2	3	2	5	4	6	9	23	21	59	30	9	173	...	...	...		...	1	...	...	...	...	...	...	1
ianwali	...	...	...	3	4	6	4	9	4	21	27	20	98	...	...	...	...	...	...	...	...	...	...	...	...	...
allpur	...	...	3	3	6	3	...	2	4	9	4	29	63	...	...	...	...	...	...	...	...	...	...	...	...	...
ang	5	4	6	6	14	17	8	17	11	25	29	22	164	...	...	...	...	...	1	2	...	...	...	...	...	3
ontgomery, Central	26	22	29	36	59	33	15	33	22	32	43	45	395	...	...	...	...	...	...	...	...	...	...	...	...	...
ooltan, Central	18	11	16	18	26	21	17	44	51	94	88	102	506	...	...	...	...	...	...	...	...	...	1	...	...	1
,, District	10	6	10	5	2	1	5	4	10	16	26	17	112	...	...	...	...	...	...	...	...	...	...	...	...	...
era Ismail Khan	5	4	11	19	18	20	6	12	17	134	72	35	353	...	...	...	...	...	...	...	...	...	...	...	...	...
era Ghazi Khan	3	1	3	2	8	6	1	6	10	25	7	9	81	...	...	...	...	...	...	...	...	...	...	...	...	...
C																										
ikarpur	12	2	13	14	15	5	9	4	9	7	1	1	92	...	...	...	...	...	...	...	...	...	...	...	...	...
nd Gang	1	2	9	3	4	2	3	2	3	3	1	6	39	...	...	...	1	...	1	...	...	...	...	...	1	3
yderabad, Central	3	5	4	12	14	1	...	2	2	3	1	1	48	...	...	...	...	...	...	...	...	...	...	...	...	...
urrachee	5	3	1	5	2	2	5	3	2	4	3	7	42	...	...	...	...	...	1	...	...	...	...	...	...	1
ROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA	98	69	115	148	197	154	94	181	196	488	409	330	2,479	...	...	...	1	...	4	2	...	...	1	...	1	9
A																										
ajkot	3	3	1	3	4	5	1	6	5	4	7	1	43	...	...	...	...	...	...	...	...	...	...	...	...	...
medabad, Central	5	1	1	3	1	3	3	5	3	6	1	...	32	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
jmer	1	...	2	1	3	4	1	1	3	5	2	3	26	...	...	...	...	...	...	...	...	...	...	...	...	...
uttra	1	...	...	1	1	1	2	3	...	9	22	3	43	...	...	...	...	...	...	...	...	...	...	...	...	...
gra Central	47	30	75	150	96	60	68	76	139	108	69	53	971	...	...	...	...	...	...	1	...	...	...	...	...	1
,, District	11	1	8	5	13	9	9	18	16	12	21	5	128	...	...	...	...	...	...	...	...	...	...	...	...	...
ansi	4	2	3	4	3	2	3	1	4	2	5	1	34	...	...	...	...	...	...	...	...	...	...	...	...	...
alitpur	...	1	...	5	2	1	3	1	...	6	...	1	20	...	...	...	...	...	...	...	...	...	...	...	...	...
ROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT	72	38	90	172	123	85	90	111	170	152	127	67	1,297	...	...	...	...	...	...	1	...	...	...	...	...	1
A																										
amoh	...	...	...	...	1	3	...	...	4	...	1	1	10	...	...	...	...	...	...	...	...	...	...	...	...	...
augor	2	1	2	2	2	...	...	9	12	8	4	7	49	...	...	...	...	...	...	...	...	...	...	...	...	...
bbulpore, Central	10	30	9	11	5	7	19	8	8	6	7	6	126	...	...	...	...	...	...	...	...	...	...	...	...	...
arsinghpur	...	...	2	1	1	...	...	2	2	1	1	1	11	...	...	...	...	...	1	...	...	...	...	...	...	1
andla	...	4	2	2	3	4	4	4	...	2	3	1	29	...	...	...	...	...	...	...	...	...	...	...	...	...
ilaspur	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
ambalpur	1	2	5	8	6	3	6	14	10	12	5	2	74	...	...	...	...	...	...	...	...	...	...	...	...	...
aipur Central	5	12	11	16	13	4	5	6	19	21	10	5	127	...	...	...	...	...	...	...	...	...	...	...	...	...
alaghat	2	...	...	...	...	1	...	1	3	3	3	1	14	...	...	...	...	...	...	...	...	...	...	...	...	...
eoni	1	1	...	1	...	1	1	3	2	3	...	2	15	...	...	...	...	...	...	...	...	...	...	...	...	...
hhindwara	...	...	1	1	...	1	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
oshangabad	3	2	3	4	2	4	8	8	22	28	9	5	98	...	...	...	...	...	...	...	...	...	...	...	...	...
imar	2	...	...	3	...	4	1	2	12	11	5	...	40	...	...	...	...	...	...	...	...	...	...	...	...	...
etul	...	2	1	2	...	...	...	1	...	1	1	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
agpur, Central	5	9	13	10	14	12	11	20	50	51	45	10	250	...	...	...	...	...	...	...	...	...	...	...	...	...
handara	...	1	...	...	...	...	...	...	...	5	6	1	13	...	...	...	...	...	...	...	...	...	...	...	...	...
ardha	1	1	2	1	3	...	2	3	3	4	...	...	20	...	...	...	...	...	...	...	1	...	...	...	...	1
handa	1	2	...	...	3	1	1	3	10	7	1	2	31	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
ecunderabad	...	...	...	3	4	2	...	...	4	...	...	1	14	...	...	...	...	...	...	...	...	...	...	...	...	...
eotmahl	...	5	...	1	...	2	...	2	...	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
mraoti, Central	1	6	6	9	3	6	10	6	8	12	8	3	78	...	...	...	...	...	...	...	...	...	...	...	...	...
llichpur	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
kola, Central	25	7	22	12	17	22	7	12	29	16	18	18	205	...	...	1	...	...	...	...	...	...	...	...	2	3
asim	...	...	1	...	1	...	...	...	1	1	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
uldana	1	...	1	1	2	1	1	1	3	...	...	...	11	...	...	...	...	...	...	...	...	...		...	...	...
hulia	6	5	8	12	3	2	7	13	15	16	9	10	105	...	...	...	...	...	...	...	...	...	...	...	...	...
errowda, Central	11	3	...	...	3	...	1	5	8	7	12	14	64	...	...		...	...	...	...	...	...	1	1	...	2
ijapur	4	5	3	3	4	3	4	3	...	4	3	5	41	...	...	...	...	...	...	...	...	...	...	...	...	...
eccan Gang	9	8	8	3	8	3	9	2	...	5	14	7	76	...	...	...	...	3	1		...	...	...	...	...	4
harwar	...	2	2	3	3	2	5	...	...	2	2	3	24	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IX.—DECCAN	90	108	102	110	101	88	102	128	225	226	167	105	1,553	...	...	1	...	3	2	...	1	...	1	1	2	11
hana	9	8	7	2	2	3	14	16	19	21	16	6	123	...	...	...	...	...	...	...	...	...	...	...	...	...
ombay, Common	4	1	4	5	6	32	55	18	5	7	16	19	172	...	...	...	...	...	1	...	...	...	...	1	...	2
,, House of Correction	6	2	5	4	...	9	9	6	6	7	10	4	68	...	...	...	...	...	...	...	...	...	...	...	...	...
atnagiri	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
arwar	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	1	1	...	1	...	...	...	3
angalore	1	1	...	...	...	1	1	...	5	1	2	...	12	...	...	...	...	...	...	...	...	...	1	1	...	2
annanore Central	2	1	...	2	1	2	...	2	5	9	7	8	39	...	...	2	...	...	...	...	...	...	...	...	...	2
ROUP X.—WESTERN COAST	22	13	16	13	9	47	79	42	41	45	52	37	416	...	...	2	...	...	2	1	...	1	1	2	...	9

TABLE XLIX—*concluded.*

INTERMITTENT FEVER by months, Jails, Groups, and Administrations.

JAILS, GROUPS AND ADMINISTRATIONS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A													
Bellary	4	3	3	6	5	2	8	2	3	4	7	10	57
Salem Central	7	2	2	1	2	4	1	2	5	1	3	7	37
Coimbatore, Central	...	4	4	4	17	10	6	2	7	4	9	2	69
B													
Palamcottah	1	2	...	...	...	...	...	1	1	3	3	1	12
Madura	2	2	5	...	2	2	1	1	3	3	...	1	22
Trichinopoly, Central	14	13	2	5	1	6	1	5	8	11	15	20	101
Tanjore	1	...	1	...	1	...	...	...	5	2	6	1	17
Cuddalore	1	4	1	...	...	1	...	1	...	3	5	...	16
Vellore Central	1	2	1	2	...	2	2	5	4	5	1	2	27
Madras Penitentiary, Central	12	7	12	14	12	12	13	7	15	20	10	9	143
Nellore	...	3	...	7	...	...	1	3	1	...	...	...	15
C													
Rajamundry, Central	25	35	38	7	2	...	4	11	2	4	3	8	139
Vizagapatam	...	...	1	1	1	4	7	2	3	5	4	4	32
Berhampur	...	...	...	1	2	1	...	...	2	...	2	5	13
GROUP XI.—SOUTHERN INDIA	68	77	70	48	45	44	44	42	59	65	68	70	700
Shillong	...	1	1	2	...	...	...	1	...	...	...	1	6
Darjeeling	2	12	3	5	9	3	2	3	7	11	10	7	74
Almora	...	...	...	...	1	...	1	...	2	1	1	...	6
Pauri	1	1	...	...	1	...	...	...	...	...	...	1	4
Simla	...	...	...	5	...	...	...	...	...	...	...	...	5
Abbottabad	...	2	1	1	1	4	1	4	6	2	3	1	26
Quetta	4	1	1	4	8	4	3	...	6	3	4	6	44
Mercara	...	...	1	...	1	1	1	1	...	...	1	...	6
Russellkonda	9	1	1	3	...	...	...	...	...	...	1	1	16
GROUP XII.—HILLS	16	18	8	20	21	12	8	9	21	17	20	17	187
EXTRA INDIA:—ADEN	...	...	...	...	...	...	...	...	...	...	2	1	3
INDIA*	1,849	1,650	2,351	2,884	2,743	3,603	4,056	3,196	3,683	4,658	3,599	2,713	36,985
ANDAMANS	629	565	767	760	956	2,164	2,490	1,437	1,452	1,246	1,021	883	14,370
BURMA	91	93	82	76	139	177	174	122	103	93	122	75	1,347
ASSAM	13	7	14	21	36	11	24	23	25	27	16	10	227
BENGAL	338	340	707	1,024	541	386	562	521	535	619	670	435	6,678
UNITED PROVINCES	267	192	296	456	413	308	339	463	692	1,113	619	335	5,493
PUNJAB	275	225	240	294	411	296	197	358	465	997	688	672	5,118
N.-W. F. PROVINCE	13	12	20	37	40	55	19	36	53	192	152	63	692
BOMBAY	78	50	66	72	69	72	125	85	78	96	99	85	975
CENTRAL PROVINCES	60	85	81	86	76	76	76	105	198	192	127	66	1,228
MADRAS	80	80	71	53	45	47	45	44	69	75	78	79	767

TABLE L—*concluded*

REMITTENT FEVER by months, Jails, Groups, and Administrations.

JAILS, GROUPS AND ADMINISTRATIONS.	ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A													
Bellary	...	...	...	...	...	...	...	...	...	...	...	...	...
Salem Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Coimbatore, Central	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Palamcottah	...	...	...	...	...	...	...	...	...	...	3	...	3
Madura	...	...	...	...	...	...	...	...	...	...	...	...	...
Trichinopoly, Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Tanjore	...	...	...	...	1	2	...	1	...	...	...	...	4
Cuddalore	...	...	...	...	...	...	...	...	...	...	...	...	...
Vellore Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras Penitentiary, Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Nellore	1	...	...	...	...	...	...	...	...	...	...	...	1
C													
Rajamundry, Central	1	...	...	1	...	...	...	...	...	...	...	...	2
Vizagapatam	...	...	...	...	...	...	...	...	...	...	...	...	...
Berhampur	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XI.—SOUTHERN INDIA	2	...	...	1	1	2	...	1	...	...	3	...	10
Shillong	...	...	...	...	...	...	...	...	...	...	...	...	...
Darjeeling	...	...	...	...	...	1	...	...	...	...	...	...	1
Almora	...	...	...	...	...	...	...	...	...	...	...	...	...
Pauri	...	...	...	...	...	...	...	...	...	...	...	...	...
Simla	...	...	...	...	...	1	...	...	...	...	...	...	1
Abbottabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	...	...	...	...	...	...	...	...	...	...	...	...	...
Mercara	...	...	...	...	...	...	...	...	...	...	...	...	...
Russellkonda	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII.—HILLS	...	...	...	...	...	2	...	...	...	...	...	...	2
EXTRA INDIA:—ADEN	...	...	...	...	...	...	...	...	...	...	...		...
INDIA*	17	9	22	15	24	24	19	12	17	19	11	20	209
ANDAMANS	2	7	8	3	3	...	4	1	13	6	4	15	66
BURMA	3	1	...	3	2	6	7	3	...	2	...	..	27
ASSAM	...	...	1	...	...	...	..	...	...	...	1	1	3
BENGAL	8	...	9	5	15	6	2	3	1	6	...	1	56
UNITED PROVINCES	...	1	1	1	...	...	2	2	2	2	...	...	11
PUNJAB	2	...	...	1	...	4	3	1	...	1	...	...	12
N.-W. F. PROVINCE	...	...	...	...	...	...	...	...	...	...	...	...	...
BOMBAY	...	...	...	1	3	5	1	...	1	1	2	1	15
CENTRAL PROVINCES	...	...	1	...	...	1	...	1	...	...	...	2	5
MADRAS	2	...	2	1	1	2	...	1	...	1	4	...	14

* Including Ajmer, Secunderabad, Quetta, and Mercara.

TABLE LI.

PNEUMONIA by months, Jails, Groups, and Administrations.

Jails and Groups.*	Admissions from Pneumonia in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	13	10	13	22	8	12	12	12	15	28	24	10	179
Mergui	...	...	...	...	...	...	...	...	...	...	...	...	...
Tavoy	...	...	...	...	...	...	...	...	...	...	...	...	...
Moulmein	...	...	1	1	...	...	...	...	1	...	...	...	3
Shwegyin	...	...	...	...	...	...	...	...	1	...	...	...	1
Toungoo	...	...	...	...	...	...	...	...	...	...	..	...	...
Rangoon, Central (Europeans)	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon, Central (Natives)	2	2	1	...	6	5	1	5	...	...	...	3	25
Maubin	...	...	...	...	...	1	1	...	...	...	...	1	3
Myaungmyo	...	...	...	...	...	...	...	...	...	...	...	...	...
Bassein, Central	...	...	...	1	...	...	1	...	...	2	3	1	8
Insein, Central	...	...	1	...	...	...	...	1	...	1	...	...	3
Henzada	...	...	...	...	...	...	...	...	..	...	...	...	...
Myanaung	...	...	...	...	...	...	...	1	...	...	...	...	1
Sandoway	...	...	...	...	...	...	...	1	...	...	...	...	1
Kyaukpyu	...	...	...	1	...	...	...	...	2	...	...	...	3
Akyab	...	...	...	...	...	1	...	...	...	...	...	...	1
Group I.—Burma Coast and Bay Islands	15	12	16	25	14	19	15	20	19	31	27	15	228
Paungdi	...	...	...	...	...	...	...	...	...	...	...	...	...
Prome	...	...	...	...	...	...	...	...	...	...	...	...	...
Thayetmyo, Central	...	...	...	...	...	...	...	2	2	...	1	1	6
Magwe	...	...	...	...	...	...	...	...	...	...	...	...	...
Minbu	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila	...	...	...	...	...	...	1	...	...	1	...	...	2
Pakokku	...	1	...	...	...	...	...	...	...	...	...	...	1
Myingyan, Central	...	...	...	2	...	...	...	...	1	3	1	2	9
Mandalay, Central	1	...	...	1	...	...	...	...	...	1	1	...	4
Monywa	...	1	...	...	...	...	...	...	...	...	...	...	1
Shwebo	1	...	1	1	2	...	1	...	1	2	1	2	12
Bhamo	...	...	...	...	1	...	...	...	...	...	...	...	1
Katha	...	...	...	...	...	...	...	...	...	...	...	...	...
Kindat	1	...	...	...	...	...	...	...	...	...	...	...	1
Group II.—Burma Inland	3	2	1	4	3	...	2	2	4	7	4	5	37
Cachar	...	...	...	...	...	...	...	...	...	1	...	...	1
Sibsagar	...	...	...	...	...	...	...	...	...	...	...	...	...
Dibrugarh	...	...	...	...	...	...	...	...	...	...	...	...	...
Tezpur	...	...	1	...	1	...	...	...	...	...	...	...	2
Gauhati	...	1	...	...	...	...	...	...	...	...	...	...	1
Sylhet	...	1	...	...	...	...	1	...	...	...	...	...	2
Group III.—Assam	...	2	1	...	1	...	1	...	...	1	...	...	6
Mymensingh	1	...	2	2	2	...	...	...	...	1	...	...	8
Dacca, Central	...	1	...	...	1	2	1	...	...	2	1	4	12
Tippera	...	...	...	...	...	...	...	...	...	...	...	...	...
Chittagong	...	...	...	...	...	1	...	...	...	...	...	...	1
Noakhali	...	...	...	...	...	...	...	...	...	...	...	...	...
Backergunge	2	...	...	1	2	1	2	2	2	2	2	3	19
Khulna	...	...	...	...	...	...	...	1	...	1	...	...	2
Jessore	...	...	...	1	...	...	...	1	...	1	...	2	5
Baraset	...	...	...	...	...	...	...	...	...	...	...	1	1
Presidency, Central, Europeans	...	1	...	...	...	...	...	...	...	...	...	...	1
Presidency, Central, Natives	3	2	3	1	5	...	...	2	...	1	...	...	17
Alipore, Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Hooghly	...	...	...	1	1	...	1	1	...	...	...	...	4
Burdwan	...	...	...	...	...	1	...	...	1	1	...	...	3
Krishnagar	1	...	...	...	1	1	...	...	...	1	...	1	5
Faridpur	1	1	1	1	...	1	1	...	...	1	1	2	10
Pabna	...	...	...	...	...	3	...	...	...	...	1	...	4
Murshidabad	...	...	...	1	...	...	...	...	...	...	...	...	1
Rajshahi, Central	...	...	...	2	...	1	...	...	1	...	1	...	5
Bogra	...	...	...	...	...	...	...	...	...	...	...	...	...
Malda	...	...	...	...	...	...	...	...	...	...	...	...	...
Dinajpur	...	1	...	...	...	...	2	...	...	...	...	...	3
Rangpur	...	...	...	...	2	...	...	...	...	...	...	...	2
Julpaiguri	...	...	1	...	...	...	...	...	...	...	...	2	3
Purneah	...	...	...	...	...	...	...	...	1	...	...	...	1
Naya Dumka	...	...	...	...	...	...	...	1	...	...	...	...	1
Suri	...	...	...	...	...	...	...	...	...	...	...	...	...
Bankura	...	...	1	...	...	...	...	...	...	...	...	...	1
Midnapore, Central	3	...	1	1	...	...	3	1	...	1	...	2	12
Balasore	...	...	...	2	...	1	...	...	...	...	...	...	3
Cuttack	...	2	...	1	...	...	1	...	...	3	1	1	9
Puri	...	...	...	...	...	...	...	...	1	...	1	...	2
Angul	...	...	...	...	...	...	...	1	...	...	...	...	1
Group IV.—Bengal and Orissa	11	8	9	14	14	12	11	10	6	15	8	18	136

TABLE LII.

DYSENTERY by months, Jails, Groups, and Administrations.

Jails and Groups.*	Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	127	95	70	157	154	205	234	180	154	100	112	150	1,738
Mergui	...	...	...	1	...	1	2	1	2	...	...	...	7
Tavoy	...	...	...	...	...	1	...	...	1	...	...	...	2
Moulmein	2	2	1	2	...	6	6	2	7	3	4	2	37
Shwegyin	...	...	...	...	...	...	...	...	...	1	2	...	3
Toungoo	...	...	...	...	...	4	...	1	1	1	1	...	8
Rangoon, Central (Europeans)	...	...	...	...	...	...	...	...	...	...	1	1	2
Rangoon, Central (Natives)	6	1	1	10	6	8	8	9	1	5	4	6	65
Maubin	1	...	1	...	...	2	5	2	1	...	1	...	13
Myaungmyo	8	1	7	2	4	8	11	...	1	...	2	4	48
Bassein, Central	...	...	...	...	1	...	...	...	2	...	3	2	8
Insein, Central	4	2	...	2	...	1	...	1	...	...	...	...	10
Henzada	...	...	...	...	1	1	...	...	...	...	...	...	2
Myanaung	...	...	1	...	...	1	2	1	...	...	...	...	5
Sandoway	1	...	...	...	...	2	1	...	...	1	3	...	8
Kyaukpyu	...	1	...	...	...	1	...	...	...	...	...	...	2
Akyab	5	5	7	1	5	9	2	4	4	2	4	...	48
Group I.—Burma Coast and Bay Islands	154	107	188	175	171	250	271	201	174	113	137	165	2,006
Paungdi	...	...	...	...	...	2	2	3	1	...	...	...	8
Prome	3	1	...	...	...	3	9	1	4	...	...	...	21
Thayetmyo, Central	1	...	...	...	1	1	2	1	...	2	3	...	11
Magwe	1	...	2	...	...	...	...	...	...	...	1	...	4
Minbu	1	...	1	...	...	...	...	...	1	...	...	...	3
Meiktila	...	1	1	1	3	1	...	1	1	4	1	...	14
Pakokku	...	...	...	...	...	...	...	1	...	...	...	...	1
Myingyan, Central	3	...	1	1	4	9	5	4	5	9	12	2	55
Mandalay, Central	10	8	4	5	9	7	12	11	9	30	20	12	137
Monywa	...	...	...	...	...	...	3	...	2	...	...	...	5
Shwebo	...	...	...	...	...	1	...	...	2	1	...	...	4
Bhamo	...	...	...	...	1	1	1	2	1	...	...	1	7
Katha	...	1	...	...	1	...	1	...	...	...	...	...	3
Kindat	...	...	...	...	...	...	...	...	...	...	...	1	1
Group II.—Burma Inland	19	11	9	7	19	25	35	24	26	46	37	16	274
Cachar	...	...	...	1	2	1	2	...	...	...	2	1	9
Sibsagar	...	...	...	1	...	...	...	...	3	...	...	1	5
Dibrugarh	1	1	...	...	1	...	1	15	5	6	4	1	35
Tezpur	...	2	1	3	2	7	14	21	25	7	...	...	82
Gauhati	...	1	1	4	14	6	11	3	10	12	9	7	78
Sylhet	...	...	6	10	8	9	7	17	12	5	4	3	81
Group III.—Assam	1	4	8	19	27	23	35	56	55	30	19	13	290
Mymensingh	7	13	34	37	23	26	22	15	9	13	11	4	214
Dacca, Central	12	9	14	31	25	29	19	12	17	25	36	23	252
Tippera	3	1	4	2	5	4	10	7	7	3	5	4	55
Chittagong	3	1	9	11	5	10	8	...	7	2	3	4	63
Noakhali	4	7	15	7	5	8	9	5	5	17	14	13	109
Backergunge	15	13	16	31	34	35	21	39	20	18	20	33	295
Khulna	1	...	5	3	2	...	2	...	...	1	...	1	15
Jessore	17	24	21	13	23	20	7	24	26	22	17	15	229
Baraset	5	1	...	1	4	17	19	10	11	7	10	7	92
Presidency, Central, Europeans	...	...	...	...	...	...	...	...	...	...	...	...	...
Presidency, Central, Natives	8	6	4	1	3	2	1	21	34	8	35	21	144
Alipore, Central	1	1	4	5	1	1	5	5	7	4	5	16	55
Hooghly	3	4	6	7	9	...	10	10	4	6	5	5	69
Burdwan	2	2	2	3	1	7	7	13	5	2	6	4	54
Krishnagar	1	1	2	1	...	11	8	5	4	7	3	7	50
Faridpur	4	3	4	4	6	4	8	14	6	2	4	5	64
Pabna	2	3	2	10	7	2	2	4	2	10	7	6	57
Murshidabad	2	1	5	7	1	2	1	6	6	6	1	5	43
Rajshahi, Central	13	4	5	5	1	4	22	24	15	9	9	7	118
Bogra	...	1	2	2	...	...	...	3	1	1	3	1	14
Malda	...	1	1	1	...	1	1	...	...	...	1	5	11
Dinajpur	3	2	6	17	11	18	12	10	19	12	15	3	128
Rangpur	5	3	13	21	19	9	5	12	8	1	...	3	99
Julpaiguri	...	...	...	...	...	1	2	...	...	...	...	...	3
Purneah	...	...	2	6	4	...	...	1	...	2	2	1	18
Naya Dumka	2	...	...	...	...	...	7	1	3	1	1	...	15
Suri	3	1	2	1	3	3	2	1	5	...	2	1	24
Bankura	1	...	1	...	3	2	11	17	3	4	2	2	46
Midnapore, Central	6	5	7	5	6	24	45	54	52	53	38	46	341
Balasore	1	...	...	1	...	...	1	...	1	...	...	...	4
Cuttack	2	2	1	4	2	5	9	7	2	2	...	4	40
Puri	...	...	2	3	...	...	2	3	1	1	4	...	16
Angul	...	...	1	...	5	5	2	1	...	1	1	...	16
Group IV.—Bengal and Orissa	126	109	190	240	208	250	280	324	280	240	260	246	2,753

* Jails where neither Pneumonia nor Dysentery occurred are not shown in these tables.

TABLE LI—*continued.*

PNEUMONIA by months, Jails, Groups, and Administrations.

TABLE LII—*continued.*

DYSENTERY by months, Jails, Groups, and Administrations.

JAILS AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.													ADMISSIONS FROM DYSENTERY IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Chaibassa	...	3	...	...	...	...	1	2	...	...	2	2	10	2	4	11	...	...	4	21	6	4	3	2	...	57
Purulia	1	...	...	...	...	...	1	...	1	...	1	...	4	...	1	1	...	...	...	3	...	...	...	...	...	5
Ranchi	1	...	...	...	...	...	...	...	...	...	...	...	1	...	2	1	5	3	2	2	4	8	3	1	...	31
Palamau	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	3	2	5	5	4	2	3	...	29
Hazaribagh, Central	1	3	2	...	...	...	...	1	1	...	3	5	16	...	...	2	2	3	5	20	39	14	9	17	5	116
B																										
Gaya	1	...	...	...	...	...	1	...	...	...	...	...	2	2	1	5	9	4	3	8	14	7	10	11	6	80
Bhagalpur, Central	...	...	4	3	3	6	...	...	2	...	...	2	20	7	2	2	8	10	10	19	26	28	13	11	7	143
Monghyr	...	...	...	...	...	1	1	...	...	...	...	...	2	2	3	...	1	2	...	3	5	8	2	3	2	31
Darbhanga	...	...	...	...	...	...	...	...	...	...	...	...	...	4	2	2	4	3	1	3	3	4	5	9	1	41
Champarun	...	...	...	1	1	...	...	...	...	...	...	...	2	2	1	2	1	1	6	4	9	5	3	1	2	37
Muzaffarpur	...	...	1	...	1	...	...	1	...	...	1	...	4	1	1	2	1	3	1	8	17	6	...	...	...	40
Patna	1	1	1	...	...	...	...	...	...	...	...	...	3	...	1	1	5	...	...	3	5	4	1	3	2	25
Arrah	1	1	...	...	...	1	...	...	...	...	...	...	3	3	...	2	1	2	2	3	12	4	5	1	1	36
Chapra	1	1	...	...	...	...	...	...	...	...	...	...	2	6	4	10	14	3	12	22	13	16	21	17	23	161
Buxar, Central	7	6	3	2	...	4	...	3	1	...	1	3	30	10	9	11	13	17	5	14	32	28	21	12	7	179
Ghazipur	...	...	...	1	...	...	...	...	...	...	1	...	2	...	...	...	...	...	1	...	...	...	...	...	...	1
Azamgarh	...	...	1	...	...	...	...	...	...	...	...	1	2	3	4	3	3	...	...	1	1	1	8	3	1	28
Kassia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	...	...	...	...	1	4
Gorakhpur	2	2	1	...	1	1	...	1	...	1	2	...	11	1	2	5	6	7	6	7	7	7	12	12	7	79
Basti	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	2	...	...	...	2	...	4	10
Fyzabad	4	2	1	3	...	1	4	...	...	...	1	...	16	...	1	2	3	...	3	...	1	...	1	2	5	18
Sultanpur	1	...	...	1	...	...	...	...	...	1	...	...	3	...	...	1	...	...	...	...	...	...	...	...	...	1
Rai Bareli	...	...	...	1	...	...	...	...	...	1	...	...	2	...	...	4	1	...	...	...	...	2	...	...	...	7
Partabgarh	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	1
Jaunpur	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	2	...	...	...	3	6
Benares, Central	3	2	1	1	...	...	2	...	...	...	1	...	10	5	1	2	2	2	3	2	2	4	1	7	5	36
,, District	...	...	...	...	...	...	...	...	1	...	1	...	2	1	...	...	2	3	1	2	6	3	...	2	5	25
Mirzapur	...	...	1	...	1	...	...	...	...	...	...	2	4	...	1	1	1	...	...	2	1	...	3	2	3	14
Allahabad, Central	1	1	...	...	...	...	1	...	1	...	...	...	4	5	2	3	1	...	1	4	17	19	14	7	4	77
,, District	4	1	1	2	2	2	2	...	2	1	1	2	20	1	...	...	...	1	...	2	2	3	2	4	2	17
Karwi	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	2	...	...	1	5
Banda	2	...	...	...	1	1	...	...	...	...	...	...	4	...	2	1	2	...	...	7	11	18	2	...	1	44
Fatehpur	...	...	...	...	1	...	...	...	...	1	...	1	3	1	...	...	1	1	3	1	...	1	3	...	1	12
Hamirpur	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	1	...	...	...	1	...	...	3
Orai	...	...	...	1	...	...	...	1	...	...	...	...	2	...	...	1	...	...	1	...	1	...	1	2	1	7
Cawnpore	...	...	...	...	...	3	...	...	...	...	...	...	3	...	2	...	...	...	...	1	...	3	...	1	...	7
Unao	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	1	...	...	...	...	...	2	1	1	1	6
Lucknow, Central	...	...	...	1	...	2	2	1	...	...	...	...	6	...	...	1	...	...	...	2	2	2	1	...	4	12
,, District	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	2
Barabanki	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	2	1	...	...	...	...	...	2	2	7
Gonda	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	1	...	4	2	2	1	3	15
Bahraich	...	...	...	1	...	...	...	...	...	...		...	1	1	1	2	...	...	...	1	...	...	...	1	5	11
Kheri	1	...	...	...	1	...	...	...	...	...	1	...	3	...	...	...	...	...	...	...	1	...	1	2	...	4
Sitapur	...	...	1	2	...	...	1	1	...	...	...	...	5	...	1	1	...	1	...	...	1	...	...	...	...	4
Hardoi	1	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2	1	...	...	1	4
Etawah	...	...	2	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	1	1	1	3	1	2	...	9
Mainpuri	...	1	...	...	...	...	...	1	1	...	...	2	5	...	...	1	3	2	...	...	1	3	7	4	1	22
Etah	...	1	...	...	2	2	1	...	...	...	4	...	10	...	...	1	...	...	1	...	...	1	1	1	2	7
Fatehgarh, Central	1	...	3	...	..	...	...	...	1	...	...	2	7	6	2	8	7	1	3	2	12	7	6	6	4	64
,, District	1	1	...	1	1	...	1	...	2	...	2	1	10	...	2	3	...	1	...	3	9	7	10	9	4	48
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	36	29	23	21	16	24	18	12	14	5	26	24	248	63	55	96	106	75	81	178	274	231	180	162	127	1,628
A																										
Shahjahanpur	...	...	2	...	...	...	...	...	...	...	1	...	3	...	1	1	2	1	...	3	3	1	...	1	2	15
Philibit	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	...	...	4
Bareilly, Central	1	1	4	2	1	1	1	...	...	1	...	1	13	...	...	...	...	1	...	1	4	2	1	1	1	11
,, District	4	2	1	...	...	1	1	1	...	1	2	1	14	1	...	1	6	9	3	2	4	18	16	10	...	70
Budaon	...	1	...	...	...	...	1	...	...	...	...	2	4	...	1	...	...	...	...	...	3	3	3		1	11
Aligarh	3	...	2	...	...	1	...	...	...	...	1	...	7	...	...	...	...	...	...	...	...	...	1	...	2	3
Bulandshahr	...	...	...	...	...	...	...	...	...	1	...	1	2	...	1	...	2	...	...	...	2	3	3	...	2	13
Moradabad	...	...	...		2	...	1	...	...	...	2	1	6	1	...	2	...	2	2	2	1	3	5	5	1	24
Bijnor	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	1	1	1	1	...	...	...	...	1	6
Dehra Dun	...	...	...	1	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Saharanpur	4	...	3	1	1	1	1	...	...	...	...	6	17	3	...	...	3	...	2	1	12	28	27	15	13	104
Muzaffarnagar	...	1	...	...	1	1	...	...	...	1	...	1	5	...	...	...	...	...	1	1	1	2	3	...	...	8
Meerut	...	...	...	...	...	...	...	...	...	...	3	5	8	1	3	1	...	5	7	4	1	3	3	9	7	44
Delhi	10	2	...	2	...	...	1	...	1	...	...	1	17	3	...	3	3	1	3	3	7	13	8	3	1	48
Rohtak	...	...	...	...	...	...	...	...	...	1	1	...	2	1	...	...	...	...	...	...	...	...	...	...	1	2
Hissar	2	2	...	1	...	...	...	...	...	...	1	...	6	...	...	...	1	...	1	...	...	1	...	...	..	3
Karnal	2	...	...	...	...	...	...	...	...	...	...	...	2	1	...	2	2	...	1	...	...	...	2	...	...	8
Umballa	1	1	3	...	...	...	2	...	...	1	4	...	12	1	3	6	3	10	1	3	5	15	2	3	4	56
B																										
Ludhiana	...	...	1	1	...	...	1	...	...	...	1	...	4	...	1	1	...	1	...	...	4	7	...	...	...	14
Hoshiarpur	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...	2
Jullundur	1	...	...	...	...	...	...	...	...	...	1	...	2	...	6	...	1	3	1	1	6	1	...	1	...	20
Ferozepore	3	...	1	2	...	1	3	...	2	2	2	2	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Amritsar	1	1	...	...	...	...	...	...	...	...	...	...	2	1	...	2	...	1	...	...	...	...	...	6	4	15
Lahore, Central	3	...	...	...	...	...	...	...	1	...	...	5	9	9	6	2	3	5	4	...	2	6	6	31	23	97
,, District	1	4	1	...	5	2	1	...	...	1	2	1	18	3	...	2	4	5	2	6	1	6	15	12	13	69
,, Female	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	4
Gurdaspur	1	...	2	1	1	...	...	...	1	...	1	1	8	...	1	...	...	2	...	1	1	...	2	6	1	14
Gujranwala	2	1	1	...	1	1	1	2	...	...	2	4	15	..	...	...	1	...	...	...	...	1	...	1	...	3
Sialkot	2	2	2	...	...	...	...	...	...	1	...	...	7	1	...	4	5	1	...	...	2	1	...	1	1	17
Gujrat	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1		1	...	1	3	1	10
MungRasul, Central	2	1	1	...	...	...	...	...	...	...	...	...	4	...	1	...	...	...	...	...	...	...	...	...	...	1
Jhelum	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	4	3	3	5	...	1	...	3	...	2	21
Rawalpindi	5	3	2	1	1	...	1	...	...	...	3	6	22	6	1	6	5	6	4	5	2	...	...	...	1	36
GROUP VI.—UPPER SUB-HIMALAYA	50	22	27	12	13	10	15	3	5	10	27	38	232	32	26	37	47	60	39	34	63	116	106	110	83	753

Jails and Groups.	Admissions from Pneumonia in each month.													Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Peshawar	...	...	...	...	5	1	...	...	1	...	...	1	8	2	1	...	1	2	5	2	1	4	2	...	5	25
Kohat	...	...	1	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2	...	...	...	3	1	1	7
Bannu	...	1	...	...	...	...	...	...	...	...	...	...	1	1	...		...	...	1	...	...	1	...	...	...	3
Shahpur	...	...	2	1	...	...	...	...	...	...	...	...	3	...	...	...	...	...	1	3	1	...	...	...	...	5
Mianwali	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	1	3	1	2	...	1	1	13
Lyallpur	...	...	...	...	...	...	1	...	...	...	1	1	3	...	...	...	...	...	...	...	1	...	1	...	1	3
Jhang	...	...	1	...	1	2	...	...	1	...	1	1	7	2	1	1	3	2	...	1	1	1	...	...	2	14
Montgomery, Central	5	...	4	1	...	...	1	2	1	3	1	2	20	2	1	1	2	5	3	1	1	2	1	2	3	24
Mooltan, Central	1	2	5	6	...	...	1	...	1	3	2	4	25	3	...	3	1	1	1	2	4	3	5	5	12	40
,, District	7	...	4	1	...	...	...	...	2	1	...	7	22	4	1	1	2	3	1	1	1	3	3	2	4	26
Dera Ismail Khan	...	...	...	...	...	...	...	...	...	...	...	3	3	2	...	3	...	2	3	3	1	...	1	7	9	31
Dera Ghazi Khan	1	...	1	3	...	...	...	2	...	...	1	1	9	...	...	...	4	...	...	...	...	3	1	3	1	12
C																										
Shikarpur	10	4	1	3	2	...	...	...	...	2	3	1	26	...	...	...	...	1	3	4	5	4	2	2	...	21
Sind Gang	3	10	22	1	...	...	...	...	1	2	17	27	83	1	1	...	1	...	2	...	...	1	...	1	...	7
Hyderabad, Central	4	...	4	1	...	1	1	...	1	...	1	3	16	4	3	11	1	7	9	2	1	...	1	2	4	45
Kurrachee	...	3	...	...	...	...	...	...	...	...	...	...	3	...	...	3	1	2	2	4	5	2	...	1	...	20
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	31	20	45	18	8	4	4	4	8	11	27	51	231	21	8	23	17	28	34	26	23	26	20	27	43	296
A																										
Rajkot	...	...	1	...	...	...	...	...	...	...	...	1	2	...	...	...	1	1	...	...	...	...	...	...	...	2
Ahmedabad, Central	5	2	...	4	1	...	...	2	...	1	1	2	18	3	3	1	4	3	1	6	15	6	...	1	4	47
B																										
Ajmer	1	3	...	...	...	...	...	...	1	...	...	2	7	...	...	...	...	...	...	...	1	2	...	1	...	4
Muttra	...	2	...	...	...	...	...	1	...	...	...	...	3	...	...	...	...	...	...	...	1	...	...	...	3	4
Agra, Central	6	2	1	2	6	2	2	...	4	4	3	1	33	2	1	2	2	2	7	7	23	31	24	4	6	111
,, District	2	1	...	...	...	...	...	...	...	...	1	...	4	3	2	...	1	1	1	1	...	1	2	3	1	16
Jhansi	...	...	...	2	...	1	1	...	...	...	1	...	5	1	...	...	...	1	1	...	2	2	...	...	1	8
Lalitpur	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	2	...	...	1	3
Group VIII.—S. E. Rajputana, Central India and Gujarat	14	10	2	8	7	3	3	3	5	5	7	6	73	9	6	3	8	8	10	14	42	44	26	9	16	195
A																										
Damoh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	1	...	1	...	6
Saugor	1	...	...	...	...	...	...	...	...	...	1	...	2	1	...	...	1	...	...	1	4	4	1	1	...	13
Jubbulpore, Central	...	1	2	5	1	1	1	3	...	...	1	2	17	3	3	7	4	1	4	7	3	...	...	...	...	32
Mandla	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	4	...	...	...	...	7
Bilaspur	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	2	1	1	1	...	...	...	7
Sambalpur	...	...	...	...	...	...		...	...	...	...	1	1	2	2	2	2	2	5	2	3	...	1	...	...	21
Raipur, Central	...	...	1	...	...	...	...	...	...	...	2	...	3	3	...	...	1	...	5	8	13	11	7	2	1	51
Balaghat	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2
Seoni	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	2	...	...	...	5
Chhindwara	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	1	...	...	...	...	1
Hoshangabad	1	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	1	...	...	1	2	3	2	1	4	16
Nimar	...	...	1	...	...	...	1	...	...	...	...	...	2	...	...	1	...	...	...	...	...	1	1	1	1	5
Betul	...	...	...	...	...	...		2	...	...	...	...	2	...	...	...	1	1	...	...	...	...	...	...	...	2
Nagpur, Central	...	1	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	2	1	2	2	...	3	...	...	10
Bhandara	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	2	...	1	...	...	...	...	3
Wardha	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	1	1	...	...	5
Chanda	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	1	...	2
Sironcha	...	...	...	...	...	..	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	1	1	...	4
B																										
Secunderabad	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	1	...	...	2
Yeotmahl	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Amraoti, Central	...	1	...	1	...	...	...	...	...	2	...	...	4	...	...	...	1	...	...	1	1	...	1	...	...	4
Ellichpur	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Akola, Central	...	6	2	1	...	1	1	1	...	...	...	1	13	3	1	...	...	3	...	2	1	1	1	1	...	13
Basim	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Buldana	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Dhulia	1	1	1	2	...	1	...	...	...	...	...	...	6	...	...	...	...	...	4	5	6	2	...	...	...	17
Yerrowda, Central	...	...	1	1	...	...	2	...	...	2	...	...	6	2	2	2	1	2	1	3	4	1	1	...	2	21
Bijapur	...	...	1	...	...	...	...	...	...	2	1	4	8	...	...	...	..	...	7	6	3	4	...	1	...	21
Deccan Gang	...	...	1	2	...	2	1	...	...	...	2	...	8	...	...	1	...	...	...	...	3	...	...	1	2	7
Dharwar	...	1	...	...	...	...	...	...	...	...	1	1	3	2	2	1	...	2	4	4	5	1	5	1	2	29
Group IX.—Deccan	3	11	10	12	1	5	6	6	3	6	9	11	83	19	12	15	14	14	39	48	62	35	27	12	12	309
Thana	...	2	1	...	1	...	1	...	1	1	...	...	7	...	...	3	...	6	7	7	6	4	2	...	1	36
Bombay, Common	...	1	...	...	...	2	3	...	...	...	...	1	7	1	...	1	1	...	1	...	...	...	...	...	...	4
,, House of Correction	...	...	...	...	1	...	1	1	...	...	1	...	4	2	...	1	...	...	...	...	1	...	...	...	...	4
Ratnagiri	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	5	2	1	2	1	2	1	1	1	1	18
Karwar	...	...	...	...	1	...	...	...	...	...	...	...	1	..	1	...	...	...	...	...	...	...	...	...	...	1
Mangalore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	4	...	...	...	...	7
Cannanore, Central	...	...	...	1	...	2	1	2	1	...	...	1	8	...	...	...	...	...	...	...	1	1	1	2	3	8
Group X.—Western Coast	...	3	1	1	3	4	6	3	2	1	1	2	27	4	1	10	3	7	12	9	14	6	4	3	5	78

ABLE LI—*concluded.*

PNEUMONIA by months, Jails, Groups, and administrations.

TABLE LII—*concluded.*

DYSENTERY by months, Jails, Groups, and administrations.

Jails, Groups, and Administrations.	Admissions from Pneumonia in each month.													Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Bellary	...	...	...	1	1	...	...	...	3	...	1	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Salem, Central	1	2	...	...	...	2	...	...	1	...	...	...	6	...	...	...	...	...	...	2	2	1	2	...	...	7
Coimbatore, Central	...	1	...	1	3	...	...	1	1	...	...	...	7	...	1	1	3	5	8	6	5	5	6	3	8	51
B																										
Palamcottah	...	...	...	...	1	...	...	1	1	...	...	1	4	...	...	...	...	...	...	1	...	1	1	1	3	7
Madura	...	1	1	1	...	...	1	...	...	...	1	...	5	3	3	3	4	6	4	4	2	3	3	1	2	38
Trichinopoly, Central	1	...	...	...	...	...	...	...	...	2	1	...	4	8	4	2	1	1	1	2	1	2	4	1	6	33
Tanjore	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...	1	...	...	2	4	1	5	12	7	1	34
Cuddalore	...	..	...	...	...	...	...	...	...	...	...	...	..	3	2	5	2	2	...	...	1	3	3	...	...	21
Vellore, Central	...	1	2	1	2	2	...	...	...	...	...	1	9	2	1	2	1	4	4	3	4	7	5	3	1	37
Madras Civil	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Madras Penitentiary, Central	1	...	2	...	1	...	...	1	...	3	1	...	9	4	2	5	6	7	7	8	8	2	9	21	35	114
Nellore	...	...	...	...	...	...	...	...	1	1	...	...	2	2	1	2	...	1	...	...	1	...	...	...	1	8
C																										
Rajamundry, Central	2	4	2	...	...	...	1	...	1	1	1	...	12	4	1	4	2	1	...	1	6	1	3	2	2	27
Vizagapatam	4	...	1	1	...	...	1	1	1	...	...	...	9	2	...	...	...	...	...	2	...	1	5	1	1	12
Berhampur	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	..	...	...	...	...	...	1
Group XI.—Southern India	9	9	8	7	8	4	3	4	9	7	5	2	75	29	15	25	20	27	26	33	31	31	53	41	60	391
Darjeeling	...	...	...	...	...	...	...	...	...	...	...	3	3	1	1	1	5	2	1	8	5	...	1	1	2	28
Almora	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	1	...	2
Abbottabad	1	...	...	...	...	...	...	...	...	...	...	1	2	1	...	...	2	...	...	...	1	...	2	...	...	6
Quetta	1	...	...	...	...	1	...	...	...	...	...	...	2	1	1	2	1	...	2	1	1	...	1	1	...	11
Mercara	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Russellkonda	...	...	...	...	...	...	...	...	...	...	...	...	..	...	1	1	1	...	...	2	2	...	...	1	1	9
Group XII.—Hills	2	...	...	...	1	1	...	1	...	...	...	4	9	3	3	4	9	3	3	11	9	...	4	4	3	56
Extra India.—Aden	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
INDIA*	174	128	143	122	89	86	84	68	75	99	141	176	1,385	480	357	509	665	647	792	974	1,123	1,024	849	821	789	9,030
Andamans	13	10	13	22	8	12	12	12	15	28	24	10	179	127	95	70	157	154	205	234	180	154	100	112	150	1,738
Burma	5	4	4	7	9	7	5	10	8	10	7	10	86	46	23	27	25	36	70	72	45	46	59	62	31	542
Assam	...	2	1	...	1	...	1	...	...	1	...	...	6	1	4	8	19	27	23	35	56	55	30	19	13	290
Bengal	25	23	20	20	19	24	15	17	11	15	16	33	238	166	141	245	312	264	304	426	519	420	339	352	304	3,792
United Provinces	42	24	26	23	23	21	22	7	13	13	33	31	278	36	34	49	57	46	53	63	141	101	171	120	113	1,074
Punjab	52	19	31	20	9	6	13	6	10	13	24	36	239	37	22	38	45	54	30	30	42	66	54	82	77	577
N.-W. F. Province	1	1	1	1	5	1	...	...	1	...	...	5	16	6	1	3	3	4	11	5	3	5	8	8	15	72
Bombay	23	24	33	14	6	6	9	3	3	10	27	40	198	16	12	30	12	25	43	42	56	26	12	11	16	301
Central Provinces	2	9	6	7	1	2	3	6	2	2	5	6	51	14	8	11	13	10	23	30	41	27	20	9	6	212
Madras	9	9	8	8	8	6	4	6	10	7	5	3	83	29	16	26	21	27	28	36	38	32	54	46	64	415

* Including Ajmer, Secunderabad, Quetta, and Mercara.

IV.—TROOPS AND PRISONERS, 1903.

TABLE LIII.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA. Present . 124,660 Enrolled . 142,435			JAIL POPULATION OF INDIA. 101,717.	
	MEN, 69,613.				WOMEN, 2,891.		CHILDREN, 4,677.						
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
Small-pox	68	8·24	8	...	5	1	3	1	78	2	...	62	6
Cow-pox	12	·36	...	...	...	...	1	...	34	...	...	37	...
Chicken-pox	8	·73	...	...	4	...	94	...	172	...	..	804	...
Measles	20	1·33	2	...	4	...	145	2	429	7	...	16	...
Rubella	5	·19	...	...	...	...	8	...	26	...	...	...	...
Scarlet fever	6	·58	...	...	...	...	5	...	...	...	...	1	...
Typhus	...	...	...	...	...	...	...	...	19	4	...	...	...
Plague	12	1·40	2	...	3	1	...	...	180	115	...	34	23
Relapsing fever	...	...	...	...	...	...	...	...	...	...	...	102	8
Dengue	303	9·30	1	...	19	...	11	...	91	...	...	...	[illegible]
Influenza	192	8.35	...	...	8	...	7	...	451	1	...	977	13
Whooping cough	...	...	...	...	...	...	29	1	...	...	...	1	...
Mumps	7	·26	...	...	2	...	30	...	701	...	...	449	...
Diphtheria	...	...	..	...	...	...	11	4	2	1	...	...	...
Cerebro-spinal fever	...	...	...	...	...	...	1	1	6	4	..	34	27
Simple continued fever	1,299	58·29	1	4	28	...	51	...	441	1	...	540	1
Enteric fever	1,366	203·88	291	46	25	7	25	2	80	27	...	45	25
Mediterranean fever	9	·95	...	2	...	...	...	...	8	...	...	1	...
Cholera	79	1·83	56	...	2	3	3	2	130	80	...	85	53
Choleraic diarrhœa	2	·07	1	...	...	...	...	...	2	...	...	12	4
Epidemic diarrhœa	13	·14	...	...	...	...	...	...	...	...	...	27	1
Dysentery	1,133	93·59	41	59	58	2	51	13	4,563	37	10	9,030	380
Beri-beri	26	2·50	6	4	...	...	...	...	122	8	...	6	2
Ague	16,756	547·71	21	238	328	4	461	12	30,845	82	90	36,985	96
Remittent fever	281	23·76	10	6	12	...	7	...	1,077	110	9	209	37
Phagedæna	...	...	...	...	...	...	...	...	1	...	...	...	...
Sloughing phagedæna	1	·08	...	...	...	...	...	...	...	...	...	2	1
Erysipelas	69	4·21	2	...	2	1	3	2	28	4	...	73	8
Pyæmia	1	·24	...	...	...	...	...	...	2	2	...	4	4
„ puerperal	...	...	...	...	2	...	...	...	...	...	...	...	...
Septicæmia	2	·08	3	...	...	...	...	...	4	4	...	5	4
„ puerperal	...	...	...	...	2	...	...	...	...	...	...	2	2
Tetanus	2	·01	1	...	...	...	...	...	3	2	...	6	5
Tubercle, general	...	...	...	...	...	...	...	...	...	...	...	3	2
„ of meninges	...	...	...	...	...	...	...	...	2	2	...	2	3
„ of the membranes of brain	1	·02	1	...	...	...	5	4	...	...	...	...	...
„ of the brain	1	·02	1	...	...	...	...	...	1	1	...	...	...
„ of the larynx	...	...	...	...	...	...	...	...	1	1	...	3	2
„ of the lungs, brain and heart	...	...	...	...	...	...	...	...	...	...	...	1	1
„ of the lungs	238	55·27	17	91	15	2	2	...	730	85	170	9 9	380
„ of the lungs and general	...	...	...	...	...	...	...	...	...	...	...	2	2
„ of the lungs and intestines	...	...	...	...	...	...	...	...	...	...	...	18	7
„ of the lungs, intestines and pleura	...	...	...	...	...	...	...	...	...	...	...	1	1
„ of the lungs and viscera	...	...	...	...	...	...	...	...	...	...	...	1	1
„ of the pleura	...	...	...	...	...	...	...	...	1	...	...	...	...
„ of the intestines	3	·26	2	...	...	...	2	1	2	3	...	4	4
„ of the kidney	...	...	...	...	...	...	1	1	...	...	...	...	...
„ of the peritonæum	...	...	...	...	...	...	1	1	7	3	...	4	4
„ of the lymph-glands	4	·41	...	1	...	...	...	1	30	...	...	40	4
„ of the abdomen	...	...	...	...	...	...	...	...	...	...	...	1	1
„ of the testicles	1	·42	...	1	...	...	...	...	...	1	...	2	...
„ of the bones	2	·03	...	2	...	...	...	...	5	2	...	...	...
„ of joints	14	2·07	2	5	1	...	1	...	23	2	4	2	1
„ of the spine	...	...	...	...	...	...	...	...	...	...	...	1	...
„ of the foot	1	·08	...	1	...	...	...	...	...	...	...	...	...
Leprosy	...	...	...	...	...	...	...	...	13	...	10	175	16
Syphilis, primary	2,334	231·05	...	1	...	...	...	...	493	1	7	416	1
„ secondary	3,248	350·66	10	190	2	...	...	...	934	7	90	1,106	15
Gonorrhœa	7,456	578·72	...	21	...	...	2	...	1,069	...	9	442	...
Hydrophobia	1	·06	1	...	...	...	1	1	4	3	...	...	...
Bilharzia hæmatobia	318	41·54	1	158	...	...	...	...	...	...	...	...	...
Bothriocephalus latus	...	...	...	...	...	...	...	...	...	...	...	16	...
Tænia solium	167	4·80	...	...	6	...	7	...	22	...	...	35	...
„ mediocanellata	4	·09	...	...	...	...	...	...	...	...	...	2	...
„ elliptica	...	...	...	...	...	...	...	...	3	...	...	...	...
Echinococcus hominis	...	...	...	...	...	...	...	...	...	...	...	1	...
Ascaris lumbricoides	2	·18	...	...	...	...	3	...	19	...	...	38	...
Trico-cephalus dispar	...	...	...	...	...	...	...	...	7	...	...	...	...
Guinea-worm	1	·19	..	...	...	...	...	...	767	1	7	447	...
Filaria sanguinis hominis	...	...	...	...	...	...	...	...	2	...	...	1	...
Strongylus duodenalis	1	·20	...	...	...	...	...	...	2	...	...	58	1
Thread-worm	2	·09	...	...	...	...	...	...	1	...	...	20	...
Pediculus capitis	1	·02	...	...	...	...	...	...	...	...	...	...	...
„ vestimenti	1	·01	...	...	...	...	...	...	1	...	...	1	...
Phthirius inguinalis	21	·60	...	...	...	...	...	...	6	...	...	...	...
Chironomus plumosus	...	...	...	...	...	...	...	...	1	...	...	...	...
Culex pipiens	...	...	...	...	...	...	1	...	...	...	...	...	...
Culex anxifer	4	·16	...	...	...	...	...	...	2	...	...	...	...
Scabies	389	19·15	...	...	4	...	10	...	1,170	...	1	830	...
Mycetoma	...	...	...	...	...	...	...	...	1	...	...	1	...
Tinea avosa	1	·76	...	1	...	...	...	...	2	...	...	13	...
Ringworm	343	15·42	...	...	2	...	1	...	290	...	...	171	...
Tinea versicolor	8	·29	...	...	...	...	...	...	2	...	...	2	...
Oidium albicans	...	...	...	...	...	...	1	...	...	...	...	...	...
Surfeit	...	...	...	...	...	...	...	...	...	...	...	81	2
Scurvy	5	·55	...	...	...	...	...	...	299	19	8	...	...
Alcoholism	168	7·32	4	1	1	...	...	...	2	...	...	1	...
Delirium tremens	1	·04	...	...	...	...	...	...	...	...	...	1	1
Rheumatic fever	35	4·64	2	3	...	...	1	...	20	2	...	5	1
Rheumatism	1,064	70·07	...	49	24	...	2	...	1,662	8	151	1,007	9
Gout	4	·27	...	...	...	...	...	...	5	...	...	5	...
Osteoarthritis	2	·02	...	1	...	...	...	...	14	...	1	2	...
Cyst	34	1·17	2	...	...	...	1	...	37	...	2	16	...
Non-malignant new growth, not defined	4	·10	...	...	...	...	...	...	18	...	...	26	...
Pterygium	1	·10	...	...	...	...	...	...	13	...	...	12	...
Lipoma	7	1·10	...	...	...	...	...	...	11	...	...	9	...
Fibroma	22	1·92	...	2	2	...	...	...	10	...	1	14	1
Chondroma	...	·13	...	1	...	...	...	...	1	...	...	...	...
Osteoma	1	·01	...	...	...	...	...	...	...	...	...	...	...

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.						
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
Myxoma	2	·05	...	...	...	...	...	...	4	...	...	...	...
Glioma	...	...	...	...	...	...	...	...	...	...	...	1	1
Myoma	1	·13	...	...	...	...	...	...	...	...	...	...	...
Neuroma	1	·11	...	...	...	...	...	...	...	...	...	...	...
Papilloma	18	1·15	...	1	...	...	...	...	4	...	...	1	...
Warts	252	15·01	...	...	...	...	...	...	2	...	...	2	...
Condyloma	...	...	...	...	...	...	...	...	1	...	...	8	...
Columnar papilloma	1	·02	...	...	...	...	...	...	...	...	...	...	...
Adenoma	1	·07	...	...	...	...	...	...	...	...	...	...	...
Malignant new growth, not defined	...	...	...	...	...	...	...	...	3	...	...	2	2
Sarcoma	...	·01	...	...	...	...	...	...	3	...	1	3	1
Carcinoma	5	·53	5	...	...	...	...	...	3	2	2	14	11
„ Scirrhus	...	...	...	...	...	...	...	...	...	...	...	1	1
Epithelioma	...	...	...	...	...	...	...	...	2	...	...	1	...
Rickets	...	...	...	...	...	...	2	...	...	...	...	...	...
Anæmia	26	1·78	...	5	26	...	10	...	517	7	17	455	19
Idiopathic anæmia	4	·46	...	...	...	...	...	...	1	...	...	7	2
Purpura	2	·21	...	...	...	...	1	...	1	1	...	3	1
Leucocythæmia	1	·03	...	...	...	...	...	...	...	...	...	...	...
Hodgkin's disease	...	...	...	...	...	...	...	...	...	...	...	5	2
Hæmophilia	1	·02	...	...	...	...	...	...	1	...	...	1	...
Diabetes mellitus	5	·60	1	1	...	...	...	...	9	1	3	18	4
„ insipidus	1	·11	...	...	...	...	...	...	...	...	...	6	...
Immaturity at birth	...	...	...	...	...	...	12	11	...	...	...	...	...
Congenital malformation, not defined	2	·13	...	...	...	...	...	...	...	...	...	1	...
Fissure of the spinal column	...	...	...	...	...	...	1	1	...	...	...	...	...
Congenital phimosis	14	1·52	...	...	...	...	10	...	...	...	...	...	...
Congenital malformation, syringomyilia	...	...	...	...	...	...	...	...	...	...	...	1	1
Testicle diminutive and absent	2	·13	...	...	...	...	...	...	...	...	...	...	...
Congenital malformation of limbs, partial	4	·31	...	...	...	...	...	...	...	...	...	...	...
Debility	1,563	110·10	2	213	827	...	214	6	1,267	6	346	498	8
Old age	...	...	...	...	...	...	...	...	...	...	1	105	12
Other general diseases	...	...	...	...	...	...	...	...	410	...	...	...	...
Neuritis	10	·54	...	1	1	...	...	...	42	...	3	7	...
Multiple neuritis	54	4·01	1	17	3	...	...	...	11	...	1	2	...
Spinal meningitis	...	...	...	...	...	...	1	1	...	...	...	...	...
Leptomeningitis	...	...	...	...	...	...	...	...	...	...	...	5	2
Myelitis	2	·13	...	1	...	...	...	...	3	2	1	...	...
Anterior poliomyelitis	2	·30	...	...	...	...	...	...	4	...	1	...	...
Hæmorrhage of the spinal cord	...	...	...	...	...	...	...	...	1	1	...	...	...
Progressive muscular atrophy	1	·20	...	3	...	...	...	...	2	...	2	1	...
Primary lateral sclerosis	2	·39	...	1	...	...	...	...	1	...	...	3	...
Posterior sclerosis	7	1·60	1	4	...	...	...	...	2	...	...	10	...
Postero-lateral sclerosis	...	...	...	...	...	...	...	...	...	...	...	1	...
Disseminated „	4	·32	...	1	...	...	...	...	2	...	1	...	...
Acute ascending paralysis	...	·11	...	1	...	...	...	...	1	1	...	...	...
Cerebral meningitis	6	·44	2	1	...	...	7	5	11	7	1	4	4
Pachymeningitis	2	·10	1	1	...	...	...	...	...	...	...	...	...
Leptomeningitis	1	·03	1	...	...	...	...	...	...	1	...	1	1
Hæmorrhage into the membranes of the brain	1	·03	1	...	...	...	...	...	...	...	...	1	...
External hydrocephalus	...	...	...	...	...	...	1	1	...	...	...	...	...
Encephalitis	...	...	...	...	...	...	...	...	1	...	...	...	...
Abscess of the brain	2	·06	2	...	...	...	...	...	1	1	...	4	4
Sclerosis „ „	...	·11	...	1	...	...	...	...	1	...	...	...	...
Softening „ „	...	...	...	...	...	...	...	...	...	1	...	...	...
Sanguineous apoplexy	6	·23	5	1	...	...	...	...	2	2	...	8	8
Hyperæmia of the brain	1	·16	1	...	...	...	...	...	2	...	...	2	2
„ „ „ „ and spinal cord	...	...	...	...	...	...	...	...	...	...	...	1	1
Anæmia of the brain	...	...	...	...	...	...	1	...	...	...	...	...	...
Bulbar paralysis	...	...	...	...	...	...	...	...	1	...	...	...	...
Internal hydrocephalus	...	...	...	...	...	...	1	1	...	...	...	...	...
Apoplexy	...	...	...	...	...	...	...	...	1	1	...	5	6
Paralysis	...	...	...	...	...	...	...	...	18	1	1	8	...
Paraplegia	5	·81	...	3	...	...	2	...	7	1	2	10	...
Hemiplegia	6	1·04	1	4	1	...	...	...	18	...	3	21	5
Monoplegia	1	·09	...	1	...	...	...	...	...	...	...	...	...
Local paralysis	9	1·16	...	4	...	...	...	...	20	...	2	10	...
Incomplete paralysis	1	·47	...	1	...	...	...	...	9	...	2	2	...
Paralysis from acute disease (small-pox)	...	...	...	...	...	...	...	...	1	...	...	...	...
Tremor	...	...	...	...	...	...	...	...	2	...	...	...	...
Paralysis agitans	...	...	...	...	...	...	...	...	...	...	...	7	1
Chorea	3	·21	...	...	2	...	2	...	1	...	...	1	...
Cramp	...	...	...	...	...	...	...	...	2	...	1	...	...
Wry-neck	2	·05	...	...	...	...	...	...	4	...	...	2	...
Facial spasm	...	...	...	...	...	...	...	...	...	...	...	1	...
Convulsions	...	...	...	...	...	...	16	9	...	...	...	...	...
Convulsions, puerperal	...	...	...	...	3	1	...	...	...	...	...	...	...
Epilepsy	95	8·40	2	34	11	...	2	...	43	...	13	111	7
Laryngismus stridulus	...	...	...	...	...	...	2	...	...	...	...	2	...
Tetany	...	...	...	...	...	...	...	...	1	...	...	2	...
Vertigo	23	·55	...	...	1	...	...	...	6	...	...	5	...
Headache	43	1·55	...	1	1	...	...	...	21	...	1	9	...
Megrim	4	·23	...	...	...	...	...	...	40	...	...	39	...
Anæsthesia	...	·13	...	...	...	...	...	...	6	...	1	...	...
Neuralgia	257	10·79	...	5	16	...	2	...	326	...	16	96	...
Hysteria	8	·48	...	...	13	...	1	...	6	...	1	4	...
Somnambulism	2	·20	...	1	...	...	...	...	...	...	...	...	...
Aphasia	1	·04	...	1	...	...	...	...	3	...	1	...	...
Stammering	1	·01	...	...	...	...	...	...	...	...	...	...	...
Hiccough	...	...	...	...	...	...	...	...	3	...	...	6	...
Nervous weakness	22	1·68	...	5	4	...	...	...	5	...	1	2	...
Idiocy	...	...	...	...	...	...	...	...	...	...	...	1	...
Mania	18	3·43	...	16	2	...	...	...	17	...	8	39	...
Melancholia	55	14·27	1	38	3	...	...	...	10	...	4	12	...
Dementia	10	2·73	1	9	...	...	...	...	3	...	3	14	...
Mental stupor	2	·06	...	1	...	...	...	...	2	...	1	...	...
General paralysis of the insane	...	...	...	...	...	...	...	...	1	...	1	1	...
Delusional insanity	16	5·25	...	14	...	...	1	...	4	...	2	1	...

TABLE LIII—*continued.*

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.						
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
Other diseases of the nervous system	...	...	...	...	...	...	...	...	12	...	...	...	...
Conjunctivitis	390	19·64	...	2	7	...	48	...	1,843	...	7	1,188	...
" Granular	3	·23	...	...	...	...	...	...	47	...	1	52	...
Ecchymosis	1	·01	...	..	...	...	...	...	1	...	...	1	...
Œdema of conjunctiva	...	...	...	...	...	...	...	...	3	...	...	2	...
Chronic hyperæmia	...	...	...	...	...	...	...	...	...	...	...	1	...
Keratitis	12	1·57	...	2	...	...	...	...	42	...	1	31	...
Ulcerative keratitis	42	2·59	...	...	1	...	5	...	182	...	6	207	...
Degeneration of the cornea	...	...	...	...	...	...	...	...	...	...	...	1	...
Opacity " "	2	·29	...	1	...	...	...	...	17	...	5	12	...
Staphyloma	1	·06	...	1	...	...	...	...	...	...	...	1	...
Scleritis	...	...	...	...	...	...	...	...	1	...	...	...	...
Iritis	81	7·40	...	5	2	...	...	...	51	...	4	29	...
Synechia	1	·01	...	...	...	...	...	...	...	...	...	1	...
Myosis	...	...	...	...	...	...	...	...	1	...	...	...	...
Choroiditis	7	·78	...	2	...	...	...	...	2	...	...	...	...
Glaucoma	2	·11	...	...	...	...	...	...	1	...	...	5	1
Optic neuritis	10	1·26	...	6	1	...	...	...	...	...	...	...	...
Congestion of optic disc	5	·21	...	...	...	...	...	...	1	...	...	...	...
Atrophy of optic nerve	4	·92	...	1	...	...	...	...	1	...	2	...	...
Retinitis	3	·53	...	2	...	...	...	...	3	...	1	...	...
Degeneration and atrophy of retina	3	1·08	...	2	...	...	...	...	...	...	...	...	...
Detachment of retina	1	·01	...	...	...	...	...	...	...	...	...	...	...
Lenticular cataract	5	·25	...	1	...	...	...	...	10	...	3	26	...
Capsular "	...	...	...	...	...	...	...	...	1	...	...	...	...
Dislocation of lens	...	·11	...	1	...	...	...	...	...	...	...	1	...
Opacities	...	...	...	...	...	...	...	...	4	...	1	...	...
Panopthalmitis	1	·10	...	...	...	...	...	...	...	...	...	2	...
Shrunken eyeball	...	...	...	...	...	...	...	...	1	...	...	...	...
Amblyopia and amaurosis	9	·57	...	3	...	...	...	...	16	...	5	1	...
Functional night blindness	1	·06	...	2	...	...	...	...	16	...	...	3	...
Day blindness	...	...	...	...	...	...	...	...	1	...	...	...	...
Sympathetic irritation	...	...	...	...	...	...	...	...	1	...	1	...	...
Ametropia	...	...	...	...	...	...	...	...	1	...	1	...	...
Myopia	35	2·46	...	5	...	...	...	...	4	...	2	...	...
Hypermetropia	26	1·15	...	4	...	...	...	...	1	...	1	...	...
Astigmatism	17	1·59	...	8	...	...	...	...	...	...	1	...	...
Asthenopia	4	·13	...	1	...	...	...	...	6	...	1	...	...
Squint	7	·38	...	1	...	...	...	...	1	...	...	1	...
Nystagmus	...	...	...	...	...	...	...	...	1	...	...	...	...
Inflammation of lacrymal gland	...	...	...	...	...	...	...	...	...	...	...	2	...
Abscess of lacrymal gland	...	..	...	...	...	...	...	...	...	...	...	2	...
Fistula of excretory ducts	...	...	...	...	...	...	...	...	1	...	1	...	...
Stricture and obliteration of puncta and canaliculi	2	·20	...	1	...	...	...	...	...	...	...	...	...
Chronic dacryo-cystitis	4	·21	...	...	...	...	...	...	1	...	...	2	...
Abscess of lacrymal sac	2	·07	...	...	...	...	1	...	1	...	...	4	...
Fistula of " "	...	...	...	...	...	...	...	...	...	...	...	1	...
Obstruction of nasal duct	1	·03	...	...	...	...	...	...	1	...	...	1	...
Dacryo-lithiasis	...	...	...	...	...	...	...	...	...	...	...	1	...
Blepharitis marginalis	8	·27	...	...	1	...	2	...	1	...	...	5	...
Stye	15	·27	...	..	...	...	1	...	62	...	...	18	...
Abscess of the eyelids	1	·01	...	...	...	...	...	...	...	...	...	2	...
Black eye	1	·02	...	...	...	...	...	...	...	...	...	...	...
Trichiasis	...	...	...	...	...	...	...	...	...	...	...	2	...
Entropion	...	...	...	...	...	...	...	...	...	..	...	5	...
Œdema of the eyelids	...	...	...	...	...	...	...	...	4	...	..	2	...
Ptosis	1	·03	...	1	...	...	...	...	1	...	...	...	...
Necrosis of the orbit	...	·01	...	...	...	...	...	...	...	...	...	...	...
Other diseases of the eye	...	...	...	...	...	...	...	...	8	...	...	...	...
Inflammation of the external ear	743	32·17	...	4	9	...	5	...	275	...	...	260	...
Abscess " " "	15	·51	...	...	...	...	...	...	15	...	...	4	...
Hæmatoma of the auricle	1	·01	...	...	...	...	...	...	...	...	...	...	...
Accumulation in the external meatus of wax and epidermis	9	·16	...	...	...	...	...	...	2	...	...	...	...
Inflammation of the middle ear	112	7·06	...	13	...	...	1	...	50	...	1	39	...
" " " suppurative	25	1·95	1	6	...	...	...	...	23	...	...	58	...
Ulceration of the membrana tympani	...	...	...	...	...	...	...	...	7	...	...	...	...
Perforation " "	134	9·93	...	34	...	...	...	...	13	...	4	4	...
Necrosis of ossicles	1	11	...	...	...	...	...	...	1	...	...	...	...
Obstruction of Eustachian tube	1	·22	...	...	...	...	...	...	...	...	...	...	...
Tinnitus	1	·53	...	...	...	...	...	...	...	...	...	...	...
Deafness	30	1·64	...	9	...	...	...	...	30	...	13	1	...
Rhinitis	4	·28	...	...	1	...	...	...	3	...	...	5	...
Coryza	7	·19	...	...	...	...	...	...	16	...	...	70	...
Ozæna	1	·04	...	...	...	...	...	...	1	...	...	21	...
Necrosis of bones of nose	1	·06	...	...	...	...	...	...	...	...	...	1	...
Hæmatoma of septum	2	·06	...	...	...	...	...	...	...	...	...	...	...
Hypertrophy of skin and sebaceous glands	...		...	...	...	...	...	...	...	...	—	1	...
Epistaxis	14	·47	...	...	...	...	...	...	13	...	1	29	...
Inflammation of the accessory sinuses	...	...	...	...	...	...	...	...	...	...	...	1	...
Inflammation of the naso-pharynx	2	·36	...	...	...	...	...	..	1	...	...	...	...
Adenoid vegetations, naso-pharynx	2	·14	...	1	...	...	...	...	...	...	...	...	...
Hypertrophy of pharyngeal tonsil	...	..	...	...	...	...	...	...	1	...	...	...	...
Pericarditis	3	·05	2	...	...	...	...	...	8	3	...	13	9
Adherent pericardium	...	...	...	...	...	...	...	...	...	...	...	1	1
Endocarditis	2	·04	1	...	..	...	...	...	2	...	...	...	..
Valvular disease of the heart	262	31·75	21	106	21	3	2	...	24	9	14	64	22
Fatty degeneration of the heart	3	·15	4	1	...	...	...	...	3	1	...	9	9
Atrophy of the heart	...	...	...	...	1	...	...	...	...	...	...	...	...
Hypertrophy of the heart	8	·97	1	3	...	...	...	...	...	...	...	5	2
Dilatation of the heart	8	1·21	1	4	...	...	...	...	8	2	2	11	6
Excessive growth of fat in the heart	...	...	...	...	...	...	...	...	1	...	...	...	...
Aneurysm of the heart	...	...	1	...	...	...	...	...	...	...	...	...	1
Clots in the heart	...	...	...	...	...	..	...	...	...	1	...	1	...
Thrombus	1	·02	1	...	...	...	...	...	1	1	...	4	4
Embolus	...	...	...	...	1	1	...	...	2	...	...	...	...
Angina pectoris	3	·12	...	1	...	...	...	...	3	4	...	...	...
Syncope	5	·32	5	1	...	1	...	...	5	10	...	4	5
Disordered action of the heart	643	60·61	...	105	5	...	2	...	24	...	7	11	...
Endarteritis deformance	1	·03	1	...	...	...	...	...	...	...	...	...	...
Dilatation of arteries	...	...	...	...	...	...	...	...	1	...	...	...	...

Diseases.	European Army of India.								Native Army of India.			Jail Population of India.	
	Men.				Women.		Children.						
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
Aneurysm of arteries	21	1·48	15	4	...	...	...	...	3	2	1	10	5
Traumatic aneurysm	2	·13	...	...	...	...	...	...	...	...	...	...	...
Thrombosis	2	·19	...	1	...	...	1	...	1	...	...	2	1
Embolism	...	...	...	...	1	1	...	...	1	1	...	2	1
Phlebitis	39	3·31	...	5	1	...	...	...	8		...	4	1
Obstruction of veins	...	...	...	...	...	...	...	...	1	...	...	...	
Thrombosis ,, ,,	18	2·25	1	10	2	1	...	...	2	...	...	2	...
Phlegmasia dolens	6	·17	...	2	...	...	...	...	1	...	...	...	...
Varix	85	5·98	..	15	3	...	...		21	...	10	4	...
Varicose aneurysm	1	·05	...	...	1	...	...	...	1	...	...	..	...
Nævus	...	...	...	...	...	...	...	...	...	...	...	1	...
Croup	...	...	...	...	...	...	2	...	...	...	...	...	...
Laryngitis	58	3·58	...	1	...	...	1	...	116	...	...	24	3
Œdema of glottis	...	...	...	...	...	...	...	...	...	...	...	1	1
Aphonia	...	...	...	...	...	...	...	...	...	...	..	1	...
Tracheitis	1	·01	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	1,162	54·71	1	13	43	...	241	11	2,143	15	37	2,792	19
Dilatation of bronchi	1	·88	...	...	...	...	...	...	...	...	...	...	...
Spasmodic asthma	53	4·99	...	6	1	...	1	...	156	2	18	718	9
Congestion of the lungs	2	·20	1	...	...	...	...	...	...	...	...	14	8
Hæmoptysis	6	·37	...	...	...	...	...	...	13	...	...	24	...
Pulmonary apoplexy	2	·06	2	...	...	...	...	...	...	...	...	...	...
Œdema of the lungs	...	...	...	...	...	...	...	...	...	...	...	1	...
Pneumonia	321	31·65	39	5	6	3	18	3	1,797	382	6	1,385	368
Broncho-pneumonia	10	·60	3	...	...	...	7	3	17	2	...	34	8
Abscess of the lungs	3	·19	...	...	...	...	...	...	...	...	...	1	...
Vomica	...	...	...	...	...	...	...	...	...	...	...	1	...
Gangrene of the lungs	...	...	...	...	..	...	...	...	...	...	...	7	7
Cirrhosis of the lungs	1	·21	1	...	...	...	...	...	1	...	...	4	..
Phthisis	2	·67	...	3	1	1	...	...	6	...	2	5	...
Emphysema	3	·30	...	...	...	...	...	...	14	...	9	12	3
Pleurisy	125	9·77	4	1	3	...	1	...	292	6	2	143	18
Empyema	3	·42	3	...	...	...	1	...	3	1	...	4	3
Hydrothorax	...	...	...	...	...	...	...	...	1	...	...	...	..
Adhesions of pleura	1	·04	...	...	...	...	...	...	1	...	...	...	...
Inflammation of the lips	1	·04	...	...	...	...	...	...	1	...	...	2	...
Ulceration of the lips	...	...	...	...	...	...	...	...	2	...	...	1	...
Fissure of the lips	...	...	...	...	...	...	...	...	...	...	...	1	...
Stomatitis	19	·65	...	...	...	...	3	...	69	...	...	89	...
Ulceration of the mouth	3	·10	...	...	...	...	...	...	17	...	...	14	...
Gangrene ,, ,,	3	·03	1	...	...	...	...	...	2	...	...	5	4
Disorders of dentition	...	...	...	...	...	...	87	9	4	...	...	...	...
,, ,, with diarrhœa	...	...	...	...	...	...	1	1	...	...	...	...	...
Suppuration of the dental pulp	...	...	...	...	...	...	...	...	1	...	...	2	...
Caries of dentine	264	10·76	...	6	...	...	...	...	21	...	...	25	...
Necrosis of cementum	1	·02	...	...	...	...	...	...	1	...	...	...	...
Inflammation of the dental periosteum	107	5·14	...	...	1	...	...	...	9	...	1	6	...
Abscess of the dental periosteum	209	7·40	...	...	2	...	...	...	133	1	...	273	...
Inflammation of the periosteum and gums	10	·64	...	...	...	...	...	...	11	...	1	31	...
Suppuration ,, ,,	3	·24	...	...	...	...	...	...	14	...	1	3	...
Ulceration ,, ,,	15	1·20	...	...	...	...	...	...	10	...	...	50	...
Caries of alveoli	10	·41	...	...	...	...	1	...	15	...	...	4	...
Necrosis of ,,	...	...	...	...	...	...	1	...	5	...	...	7	...
Toothache	...	...	...	...	...	...	1	...	6	...	...	6	...
Glossitis	5	·13	...	...	...	...	...	...	5	...	...	...	
Abscess of the tongue	...	...	...	...	...	...	...	...	3	...	...	...	...
Ulceration of the tongue	1	·16	...	...	...	...	...	...	8	...	...	1	1
Sore throat	814	24·16	...	...	21	...	10	...	121	...	2	59	..
Ulceration of the palate and fauces	10	·58	...	...	...	...	...	...	3	...	1	...	...
Follicular tonsillitis	842	29·8	...	...	18	...	39	...	253	...	...	44	...
Quinsy	100	2·95	1	...	3	...	1	...	12	...	...	48	...
Hypertrophy of tonsils	9	·61	...	1	...	...	3	...	...	...	...	...	...
Elongated uvula	1	·02	...	...	...	...	...	...	1	...	...	4	...
Inflammation of the salivary glands	5	·49	...	1	...	...	...	...	10	...	...	6	...
Salivation	...	...	...	...	...	...	...	...	4	...	...	...	...
Inflammation of the pharynx and œsophagus	15	·42	...	...	...	...	...	...	50	...	...	8	...
Post-pharyngeal abscess	1	·02	...	...	...	...	...	...	...	...	...	2	...
Ulceration of the pharynx	...	...	...	...	...	...	...	...	3	...	...	7	...
Stricture of the pharynx and œsophagus	1	·24	...	1	...	...	...	...	...	...	...	...	...
Gastritis	161	7·72	...	7	17	...	4	...	65	1	2	67	1
Ulceration of the stomach	3	·51	1	4	1	...	...	...	4	...	...	5	3
,, ,, ,, perforating	...	...	...	...	...	...	...	...	2	1	1	3	3
Gastric ulcer	1	...	...	...	...	...	...	...	...	...	...	...	...
Hæmorrhage from the stomach	1	·09	...	...	...	...	...	...	...	...	...	...	...
Hæmatemesis	3	·09	1	...	1	...	...	...	2	...	...	18	2
Melæna	2	·06	...	...	...	...	...	...	2	...		5	1
Dilatation of stomach	6	·64	1	2	...	...	...	...	1	...	...	2	1
Indigestion	719	29·73	...	6	44	...	7	...	192	1	1	615	...
Pyrosis	...	...	...	...	1	...	...	...	1	...	...	...	...
Vomiting	...	...	...	...	2	...	...	...	...	...	...	2	...
Gastralgia	1	·07	...	...	...	...	...	...	2	...	...	1	...
Loss of appetite	...	...	...	...	...	...	2	...	4	...	...	2	...
Inflammation of the intestines	10	·47	...	...	...	...	2	1	...	...	...	...	...
Enteritis	69	3·19	4	...	2	...	29	12	28	6	1	34	14
Typhlitis	56	5·72	3	8	2	...	...	...	54	...	1	17	4
Colitis	11	·39	1	2	...	...	...	...	19	...	...	9	1
Inflammation of the intestines	...	...	...	...	...	...	...	...	...	...	...	310	7
Catarrhal inflammation of the intestines	32	1·64	...	...	2	...	8	8	27	...	...	2	2
Fistula of the intestines	1	·16	...	...	...	...	...	...	...	...	...	...	...
Appendicitis	...	...	...	...	...	...	...	...	1	...	...	1	1
Ulceration of the intestines	...	...	...	...	...	...	...	...	2	2	...	11	7
,, ,, ,, perforating	...	...	...	...	...	...	...	...	...	...	...	1	1
Gangrene of the intestines	...	...	...	...	...	...	...	...	...	...	...	1	1
Hæmorrhage from the intestines, including melæna	2	·45	...	1	...	...	...	...	...	...	..	4	...
Fæcal accumulation in the intestines	3	·14	...	...	...	...	...	...	1	...	...	20	...
Tympanites	...	...	...	...	...	...	...	...	...	...	...	1	...
Sprue	...	...	...	...	...	...	...	...	2	...	...	...	...
Hernia	107	9·95	1	15	...	...	1	...	34	2	14	53	1

TABLE LIII—*continued.*

DETAIL of DISEASES.

Diseases.	European Army of India.								Native Army of India.			Jail Population of India	
	Men.				Women.		Children.						
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
Intussusception	1	·08	1	...	...	...	...	...	...	..	...	3	3
Volvulus	...	...	...	...	...	...	...	...	...	...	...	3	2
Internal strangulation	1	·03	1	...	...	...	...	...	...	...	...	...	...
Contraction of the intestines	1	·01	1	...	...	...	...	...	...	...	...	...	...
Stricture „ „	...	...	...	...	...	...	...	...	...	...	...	2	...
Obstruction „ „	...	·02	1	1	1	1	...	...	6	5	...	12	5
Perforation „ „	...	...	...	...	...	...	...	...	...	...	...	3	3
Intestinal dyspepsia	1	·03	...	...	...	...	...	...	...	...	...	74	...
Constipation	52	2·44	...	...	12	...	6	...	37	...	...	135	...
Paresis	...	...	...	...	...	...	...	...	1	...	...	...	...
Colic	403	8·44	...	...	14	...	1	...	193	...	...	544	2
Diarrhœa	927	29·98	...	6	57	...	206	31	892	13	1	4,766	94
Proctitis	1	·34	...	...	...	...	...	...	...	...	...	...	...
Periproctitis	8	·60	...	1	...	...	...	...	7	...	...	1	1
Abscess of the rectum and anus	2	·16	...	...	...	...	...	...	9	...	...	10	...
Ulceration „ „ „	4	·79	...	2	...	...	1	...	4	...	...	12	...
Fissure of the anus	6	·63	...	...	1	...	...	...	14	...	...	5	...
Fistula in ano	18	1·13	...	...	...	...	1	...	38	...	2	70	...
Gangrene of the rectum	1	·03	1	...	...	...	...	...	...	...	...	...	...
Hæmorrhage from the rectum	1	·03	...	...	...	...	...	...	1	...	...	...	...
Prolapse of the rectum and anus	4	·30	...	...	...	...	2	...	2	...	1	14	...
Piles	427	19·76	...	...	10	...	2	...	189	1	21	434	...
Pruritus ani	1	·11	...	...	...	...	...	...	...	...	...	...	...
Hepatitis	354	33·62	3	32	7	1	3	1	54	2	1	48	1
Abscess of the liver	169	21·20	91	46	...	...	...	...	17	3	1	12	7
Cirrhosis „ „	12	1·09	5	3	2	1	...	...	8	...	2	54	26
Perihepatitis	2	·05	...	...	...	...	...	...	3	...	...	...	...
Congestion of the liver	463	28·26	1	31	9	...	5	...	119	1	3	51	3
Acute yellow atrophy of the liver	...	...	...	...	...	...	...	...	...	...	...	2	2
Fatty degeneration of the liver	...	...	...	...	...	...	...	...	...	...	...	1	1
Atrophy of the liver	...	...	...	...	...	...	...	...	2	...	1	1	1
Hypertrophy of the liver	...	·08	...	...	...	...	...	...	...	...	...	12	1
Jaundice	306	15·81	2	...	4	...	4	...	199	...	...	229	1
Cholecystitis	55	2·91	1	2	1	...	...	...	6	...	...	52	...
Gallstones	5	·36	...	...	2	...	...	...	4	...	...	15	2
Accumulation of bile	1	·04	...	...	...	...	...	...	...	...	...	...	...
Biliary colic	4	·19	...	...	...	...	...	...	3	...	...	4	...
Dilatation of gall bladder	1	·01	...	...	...	...	...	...	...	...	...	...	...
Inflammation of the pancreas	1	·04	1	...	...	...	...	...	1	...	...	...	...
Peritonitis	10	1·18	4	1	1	1	...	...	17	8	...	23	13
Ascites	2	·19	...	...	3	...	...	...	12	2	...	21	...
Omental hernia	...	...	...	...	...	...	...	...	...	...	...	1	...
Other diseases of the digestive system	...	...	...	...	...	...	...	...	11	...	...	...	...
Splenitis	37	1·93	...	1	...	...	1	...	144	...	13	29	...
Congestion of the spleen	2	·07	...	...	...	...	...	...	5	...	...	2	...
Hypertrophy of the spleen	2	·27	...	...	...	...	...	...	29	...	6	49	...
Inflammation of lymph vessels and glands	1,240	135·57	...	7	4	...	6	...	382	1	1	178	...
Suppuration of lymph vessels and glands	96	10·47	...	1	...	...	...	...	19	...	...	111	1
Hypertrophy of lymph glands	2	·20	...	1	...	...	...	...	9	...	...	2	...
Inflammation of lymphatics	19	1·42	...	...	2	...	...	...	9	...	...	14	...
Elephantiasis	...	...	...	...	...	...	...	...	...	...	...	21	...
Inflammation of the thyroid body	1	·05	...	...	...	...	...	...	1	1	...	...	...
Hypertrophy „ „	1	·20	...	1	...	...	...	...	...	...	...	...	...
Goitre	5	·28	...	...	...	...	...	...	12	...	1	...	...
Exophthalmic goître	1	·05	...	1	2	...	...	...	...	...	...	...	...
Acute nephritis	36	3·67	7	6	2	...	3	1	13	1	2	21	2
Bright's disease	1	·01	...	...	...	...	...	...	10	...	...	29	8
Chronic nephritis	18	1·99	3	7	2	...	...	...	4	2	1	26	6
Granular kidney	7	·58	2	4	...	...	...	...	2	...	1	9	8
Surgical kidney	...	...	...	...	...	...	...	...	...	...	...	4	4
Pyonephrosis	2	·02	1	1	...	...	...	...	...	...	...	...	...
Perinephritic abscess	1	·29	...	...	...	...	...	...	...	...	...	...	...
Pyelitis	2	·05	1	...	...	...	...	...	1	...	...	1	1
Atrophy of kidney	...	...	...	...	...	...	...	...	1	...	...	...	...
Hydronephrosis	1	·15	...	...	...	...	...	...	...	...	...	...	...
Calculus in kidney	2	·07	...	...	...	...	...	...	13	1	1	4	...
„ in pelvis of kidney	...	...	...	...	...	...	...	...	1	...	...	1	...
„ in ureter	1	·02	...	...	...	...	...	...	4	...	...	4	...
Nephralgia	2	·04	...	...	...	...	...	...	5	...	...	1	...
Hæmaturia	21	1·86	...	1	...	...	...	...	9	...	...	13	...
Albuminuria	2	·37	...	...	1	...	...	...	4	...	1	14	3
Lithuria	3	·09	...	...	...	...	...	...	2	...	...	...	...
Phosphaturia	...	...	...	...	...	...	...	...	...	...	...	1	...
Oxaluria	1	·02	...	...	...	...	...	...	...	...	...	...	...
Inflammation of the bladder	33	2·48	...	1	3	...	...	...	7	...	...	13	...
Suppuration „ „	...	...	...	...	...	...	...	...	4	...	...	...	...
Rupture „ „	...	...	...	...	...	...	...	...	...	...	...	1	1
Recto-vesical fistula	...	...	...	...	...	...	...	...	...	...	...	1	...
Calculus in the bladder	1	·09	...	...	...	...	...	...	7	...	...	6	1
Irritability of the bladder	3	·14	...	...	...	...	...	...	3	...	...	...	...
Retention of urine	2	·04	...	...	...	...	...	...	5	...	...	7	...
Incontinence of urine	35	2·54	...	3	...	...	1	...	3	...	1	...	...
Urethritis	16	·42	...	...	...	...	...	...	6	...	...	3	...
Hæmorrhage from urethra	...		...	...	...	...	...	...	...	...	...	1	...
Stricture of the urethra	48	3·81	...	...	...	...	...	...	14	...	...	40	...
Urethral fistula	1	·15	...	1	...	...	...	...	4	...	...	5	1
Extravasation of urine	1	...	1	...	...	...	...	...	...	...	...	3	1
Impacted calculus	...	...	...	...	...	...	...	...	1	...	...	2	...
Inflammation of the prostate	2	·10	...	...	...	...	...	...	1	...	...	...	...
Abscess of the prostate	1	·08	...	...	...	...	...	...	...	...	...	1	...
Hypertrophy of the prostate	...	...	...	...	...	...	...	...	1	...	...	...	...
Phimosis	26	1·58	...	...	...	...	...	...	26	...	...	60	...
Paraphimosis	19	1·21	...	...	...	...	...	...	10	...	...	9	...
Balanitis	152	5·57	...	...	...	...	1	...	9	...	...	9	...
Abscess of the penis	1	·05	...	...	...	...	...	...	...	...	...	1	...
Ulcer „ „	96	6·11	...	...	...	...	...	...	47	...	...	31	
Gangrene „ „	1	·10	...	...	...	...	...	...	...	...	...	...	...
Œdema „ „	1	·08	...	1	...	...	...	...	...	...	...	...	...

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.						
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
Soft chancre	4,334	407·26	...	1	...	...	...	...	562	1	1	143	1
Inflammation of the scrotum	1	16	...	...	...	...	...	...	1	...	...	9	...
Abscess of the scrotum	2	·34	...	...	...	...	...	...	3	...	...	9	...
Œdema ,, ,,	2	·04	...	...	...	...	...	...	...	...	...	2	...
Pruritus	...	...	...	...	...	...	...	...	2	...	...	...	...
Inflammation of the spermatic cord	1	·02	...	...	...	...	...	...	2	...	...	3	...
Hydrocele ,, ,, ,,	6	·32	...	...	...	...	...	...	...	...	...	1	...
Hæmatocele ,, ,, ,,	...	...	...	...	...	...	...	...	2	...	...	1	...
Varicocele ,, ,, ,,	42	2·72	...	3	...	...	1	...	8	...	1	...	...
Inflammation of the tunica vaginalis	...	...	...	...	...	...	...	...	...	...	...	1	...
Hæmatocele of the tunica vaginalis	1	·10	...	...	...	...	...	...	4	...	...	...	...
Hydrocele ,, ,, ,,	35	2·15	...	1	...	...	...	...	33	...	2	119	...
Inflammation of the testicle	...	...	...	...	...	...	...	...	5	...	...	45	...
Orchitis	461	26·65	...	4	...	...	1	...	195	...	3	65	...
Epididymitis	16	·86	...	...	...	...	...	...	28	...	...	2	...
Abscess of the testicle	1	·12	...	...	...	...	...	...	3	...	...	2	...
Protrusion of the tubili	2	5	...	...	...	...	...	...	...	...	...	...	...
Atrophy of the testicle	...	...	...	...	...	...	...	...	1	...	...	...	...
Spermatorrhœa	...	...	...	...	...	...	...	...	1	...	...	...	...
Inflammation of the ovary	...	...	...	...	16	...	...	...	...	...	...	1	...
Prolapse of the ovary	...	...	...	...	1	...	...	...	...	...	...	...	...
Inflammation of the Fallopian tube	...	...	...	...	1	...	...	...	...	...	...	...	...
Parametritis	...	...	...	...	1	...	...	...	...	...	...	1	1
Abscess of the uterine ligaments	...	...	...	...	1	...	...	...	...	...	...	...	...
Metritis	...	...	...	...	18	...	...	...	...	...	...	...	...
Ulcer of the uterus	...	...	...	...	1	...	...	...	...	...	...	1	...
Hypertrophy ,, ,,	...	...	...	...	4	...	...	...	...	...	...	...	...
Sub-involution of the uterus	...	...	...	...	4	...	...	...	...	...	...	...	...
Abrasion ,, ,,	...	...	...	...	3	...	...	...	...	...	...	...	...
Displacement and distortions of the uterus	...	...	...	...	3	...	...	...	...	...	...	1	...
Anteversion of the uterus	...	...	...	...	1	...	...	...	...	...	...	...	...
Retroversion ,, ,,	...	...	...	...	3	...	...	...	...	...	...	...	...
Anteflexion ,, ,,	...	...	...	...	1	...	...	...	...	...	...	...	...
Retroflexion ,, ,,	...	...	...	...	2	...	...	...	...	...	...	...	...
Prolapsus ,, ,,	...	...	...	...	3	...	...	...	...	...	...	1	...
Stricture of internal os	...	...	...	...	1	...	...	...	...	...	...	...	...
Occlusion of the uterus	...	...	...	...	1	...	...	...	...	...	...	...	...
Inflammation of the vagina	...	...	...	...	4	...	1	...	...	...	...	...	...
Abscess ,, ,,	...	...	...	...	...	...	...	...	...	...	...	1	...
Prolapse ,, ,,	...	...	...	...	1	...	...	...	...	...	...	...	...
Amenorrhœa	...	...	...	...	2	...	...	...	...	...	...	6	...
Scanty menstruation	...	...	...	...	...	...	...	...	...	...	...	1	...
Dysmenorrhœa	...	...	...	...	4	...	...	...	...	...	...	1	...
Menorrhagia	...	...	...	...	19	...	...	...	...	...	...	6	...
Metrorrhagia	...	...	...	...	10	...	...	...	...	...	...	5	...
Leucorrhœa	...	...	...	...	9	...	...	...	...	...	...	1	...
Neuralgia of uterus	...	...	...	...	...	...	...	...	...	...	...	1	...
Cramp and spurious labour pains	...	...	...	...	11	...	...	...	...	...	...	3	...
Hæmorrhage from the uterus	...	...	...	...	8	...	...	...	...	...	...	...	...
Abortion	...	...	...	...	98	...	...	...	...	...	...	13	...
Ectopic gestation	...	...	...	...	1	...	...	...	...	...	...	...	...
Atony of the uterus	...	...	...	...	...	...	...	...	...	...	...	1	...
Mechanical obstacle to the expulsion of the fœtus	...	...	...	...	1	...	...	...	...	...	...	1	...
Hæmorrhage unavoidable from placenta prævia	...	...	...	...	...	...	...	...	...	...	...	1	...
Rupture of the perineum	...	...	...	...	3	...	...	...	...	...	...	1	...
Retention of the placenta	...	...	...	...	...	...	...	...	...	...	...	1	...
Still-birth	...	...	...	...	3	...	...	...	...	...	...	1	...
Asphyxia of infant	...	...	...	...	...	...	1	1	...	...	...	...	...
Post partum hæmorrhage	...	...	...	...	3	...	...	...	...	...	...	1	1
Retention of placental fragments	...	...	...	...	...	...	...	...	...	...	...	1	...
Abscess of the nipple and areola	...	...	...	...	...	...	...	...	...	...	...	1	...
Abscess of the areola	...	...	...	...	1	...	...	...	...	...	...	...	...
Mastitis	...	...	...	...	2	...	...	...	...	...	...	5	...
Suppuration of mammary gland	...	...	...	...	1	...	...	...	...	...	...	1	...
,, ,, puerperal	...	...	...	...	1	...	...	...	...	...	...	...	...
Inflammation of the male breast	3	·67	...	1	...	...	...	...	...	...	...	...	...
Hypertrophy ,, ,,	2	·07	...	...	...	...	...	...	...	...	...	...	...
Ostitis	15	1·44	...	2	...	...	...	...	3	1	...	...	...
Periostitis	50	3·77	...	2	1	...	...	...	36	...	...	14	...
,, circumscribed	...	...	...	...	...	...	...	...	15	...	...	...	...
Caries of bones	3	·26	...	...	...	...	...	...	5	...	2	17	...
Necrosis ,,	12	1·09	...	1	...	...	...	...	10	...	...	26	1
Atrophy ,,	1	·30	...	1	...	...	...	...	...	...	...	...	...
Hypertrophy of bones	...	·09	...	1	...	...	...	...	...	...	...	...	...
Osteitis deformans	1	·23	...	1	...	...	...	...	...	...	...	...	...
Ununited fracture	1	·25	...	...	...	...	...	...	1	...	...	1	...
Synovitis	621	37·03	...	18	4	...	2	...	468	...	10	123	...
Suppuration of joints	1	·12	...	...	...	...	...	...	...	...	...	...	...
Ankylosis	10	·95	...	8	1	...	...	...	7	...	4	8	...
Dislocation of articular cartilage	7	·33	...	2	...	...	...	...	4	...	1	...	...
Loose body	2	·11	...	...	...	...	...	...	...	...	...	...	...
Dislocation of joints	...	...	...	...	...	...	...	...	...	...	...	3	...
Caries of spine	...	...	...	...	...	...	...	...	1	...	...	1	...
Psoas, lumbar, post-pharyngeal, and other abscesses	2	·19	1	...	...	...	...	...	3	...	1	1	...
Posterior curvature of the spine	...	...	...	...	...	...	...	...	2	...	1	1	...
Lateral ,, ,, ,,	...	...	...	...	1	...	1	...	...	...	1	...	...
Ankylosis ,, ,, ,,	1	·02	...	...	...	...	...	...	...	...	...	...	...
Inflammation of the muscles	1	·06	...	...	...	...	...	...	3	...	...	2	...
Suppuration ,, ,,	...	...	...	...	...	...	...	...	1	...	1	...	...
Atrophy ,, ,,	1	·03	...	...	...	...	...	...	3	...	1	...	...
Contracture ,, ,,	...	...	...	...	...	...	...	...	...	...	...	1	...
Idiopathic muscular atrophy	2	·17	...	1	...	...	...	...	3	...	3	...	...
Myalgia	121	4·29	...	...	1	...	1	...	343	...	23	169	...
Contracture of fasciæ	...	·13	...	1	...	...	...	...	1	...	1	...	...
Inflammation of tendons	2	·09	...	...	...	...	...	...	...	...	...	...	...
Adhesions ,, ,,	1	·01	...	...	...	...	...	...	4	...	...	...	...
Contraction ,, ,,	13	·71	...	2	...	...	...	...	2	...	...	...	...
Tenosynovitis	5	·24	...	...	...	...	...	...	11	...	...	8	...
Thecal abscess	3	·07	...	...	...	...	...	...	2	...	...	18	...

TABLE LIII—*continued.*

DETAIL of DISEASES.

Diseases.	European Army of India.								Native Army of India.			Jail Population of India.	
	Men.				Women.		Children.						
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
Ganglion	4	·28	...	...	...	...	...	...	3	...	...	4	..
Inflammation of bursæ	25	·87	...	...	...	...	...	...	28	...	...	...	...
Abscess ,, ,,	3	·22	...	...	...	...	...	...	...	...	...	3	...
Bunion	10	·44	...	2	...	...	...	...	...	...	...	...	...
Bursal cyst	2	·23	...	...	...	...	...	...	1	...	...	1	...
Club-hand	...	·01	...	1	...	...	...	...	...	...	...	...	...
Club-foot	5	·33	...	2	...	...	...	...	1	...	...	..	...
Flat-foot	33	1·71	...	13	...	...	...	...	1	...	1	...	...
Deformities of the great toe	2	·21	...	1	...	...	...	...	...	...	...	..	...
Hallux valgus	2	·16	...	1	...	...	...	...	...	...	...	...	...
Hammer toe	53	4·48	...	5	...	...	...	...	...	...	...	...	...
Inflammation of the connective tissue	605	26·26	1	1	4	...	8	...	373	2	1	536	5
Abscess ,, ,, ,,	1,027	45·05	...	2	17	...	11	...	1,607	1	4	3,786	3
Gangrene ,, ,, ,,	...	...	...	...	...	...	...	...	1	...	...	5	2
Hæmorrhage ,, ,, ,,	...	...	...	...	...	...	...	...	2	...	...	...	...
Œdema ,, ,, ,,	9	·46	...	1	...	...	...	...	3	...	...	36	8
Elephantiasis	...	...	...	...	...	...	...	...	1	...	...	12	...
Emphysema	...	...	...	...	...	...	...	...	1	...	...	...	...
Undue formation of fat	...	...	...	...	...	...	...	...	...	...	2	...	...
Erythema	15	·47	...	...	...	...	...	...	11	...	...	6	...
Pityriasis rosea	1	·04	...	...	..	...	...	...	1	...	...	...	...
Urticaria	40	1·18	...	...	...	...	9	...	97	...	...	70	...
Prickly heat	22	·63	...	...	...	...	...	...	2	...	...	61	...
Eczema	527	24·26	...	1	5	...	25	...	412	...	1	317	...
Impetigo	47	2·00	...	...	1	...	16	...	29	...	...	25	...
Pityriasis rubra	...	...	...	...	...	...	...	...	4	...	...	1	...
Prurigo	1	·01	...	...	...	...	...	...	3	...	...	5	...
Lichen	2	·27	...	...	...	...	...	...	7	...	..	6	...
Psoriasis	64	4·88	...	...	1	...	...	...	20	...	...	20	...
Miliaria	1	·07	...	...	...	...	...	...	1	...	...	...	...
Herpes	36	1·18	...	...	...	...	1	...	87	...	...	53	...
Zona	34	1.05	...	...	...	...	...	...	73	1	...	52	...
Pemphigus	282	11·83	...	...	1	...	22	...	12	...	...	8	1
Dermatitis herpetiformis	3	·12	...	...	1	...	...	...	7	...	...	1	...
Acne	26	1·38	...	...	...	...	...	...	16	...	...	7	...
Sycosis	44	2·47	..	...	...	...	...	...	9	...	...	2	...
Seborrhœa	1	·03	...	...	...	...	...	...	...	...	...	2	...
Ichthyosis	...	...	...	...	...	...	...	...	1	...	...	...	...
Leucodermia	...	...	...	...	...	...	...	...	3	...	1	...	...
Alopecia	3	·23	...	...	...	...	...	...	...	...	...	...	...
Area	1	·06	...	...	...	...	...	...	...	...	...	...	...
Chilblain	...	...	...	...	...	...	3	...	2	...	...	2	...
Frost-bite	...	...	...	...	...	...	...	...	2	...	...	...	...
Ulcer	674	33·98	...	1	11	...	13	...	3 288	...	3	2,716	2
Cicatrices	4	·23	...	1	...	...	...	...	6	...	...	1	...
Boil	1,373	48·17	...	...	13	...	38	...	2,456	...	...	1,620	
Carbuncle	32	2·15	...	...	..	...	...	...	34	...	...	205	3
Gangrene	...	...	...	...	...	...	...	...	1	...	...	3	...
Whitlow	214	9·28	...	...	2	...	2	...	352	...	...	358	...
Onychia	237	9·46	...	...	4	..	...	...	26	...	...	26	...
Tylosis	...	...	...	...	...	..	...	...	...	...	...	1	...
Corn	26	·69	...	...	...	...	...	...	18	...	...	...	...
Xanthelasma	...	..	...	...	...	...	...	...	...	...	...	1	...
Cheloid	2	·53	...	2	...	...	...	...	...	...	...	...	...
Wen	35	1·74	...	...	...	...	1	...	9	...	...	9	...
Adenoma sebaceum	1	·02	...	...	...	...	...	...	...	...	...	...	...
Molluscum contagiosum	...	...	...	...	...	...	...	...	2	...	...	1	...
Hyperidrosis	3	·18	...	...	...	..	...	...	...	...	...	...	...
Bromidrosis	4	·04	...	...	...	..	...	...	...	...	...	...	...
Anidrosis	...	...	...	...	...	..	...	...	1	...	...	...	...
Lupus	5	·34	...	1	1	...	...	...	1	...	...	3	...
Delhi boil	1	·17	...	...	...	...	...	...	131	...	...	...	...
Other local diseases	...	...	...	...	...	...	...	...	176	...	...	...	...
ACCIDENTAL :—													
Heat-stroke	193	10·04	20	4	4	1	1	1	2	2	...	70	18
Sun-stroke	52	3·51	9	4	...	...	2	1	16	7	...	21	4
Heat-apoplexy	58	2·41	24	2	1	1	...	...	4	4	...	38	18
Effects of cold	...	...	...	...	...	...	...	...	1	...	...	...	...
,, ,, chemical irritants and corrosives	1	·08	...	...	...	...	...	...	...	...	...	39	...
Lightning stroke	1	·01	...	...	...	...	...	...	...	...	...	...	...
Multiple injury	7	·89	4	2	...	1	1	...	2	1	1	29	2
Suffocation from submersion	1	·01	9	...	...	...	...	1	...	7	...	...	3
,, ,, plugging of air-passages with foreign substances	..	...	3	...	...	...	...	...	...	...	...	...	...
Suffocation from compression of chest	...	...	1	...	...	...	...	...	...	...	...	...	...
Starvation	...	...	...	...	...	...	...	...	...	...	...	2	...
Exhaustion	...	...	...	...	..	...	...	...	...	...	...	2	...
Shock	...	...	...	...	...	...	...	...	2	...	...	...	2
Burns and scalds (general and local)	60	2·58	...	...	3	...	11	3	314	...	...	361	4
Frost-bite	...	...	...	...	...	...	...	...	6	...	...	...	...
Abrasions	694	20·79	...	...	2	...	...	...	1,716	...	...	132	...
Contusions	1,512	51·21	2	6	3	...	13	...	2,520	...	3	889	...
Wounds	1,787	74·43	2	7	8	...	33	...	3,175	...	6	3,399	3
,, from gunshot	44	3·19	1	5	...	...	...	...	88	1	9	2	...
Strains and sprains	1,776	59·49	...	5	6	...	5	...	1,364	...	7	226	...
Dislocation of spine	...	...	3	...	...	...	...	...	72	...	4	...	...
,, of other bones	80	4·83	...	4	...	...	1	...	...	...	...	26	...
Rupture of muscles, tendons, and ligaments	10	·87	...	3	...	...	...	...	3	...	1	2	...
Fracture of the vault of the skull	2	·33	2	2	...	...	...	...	4	1	...	4	2
,, ,, base of the skull	9	·36	9	1	...	...	1	1	6	5	...	3	2
,, ,, skull	1	·10	1	1	...	...	...	...	...	...	...	1	3
,, ,, other bones	357	35·70	...	20	3	...	15	...	377	...	20	337	2
Foreign bodies in tissues and organs	13	·46	...	...	1	1	...	...	13	...	...	13	...
Injuries of teeth	1	·02	...	...	...	...	...	...	...	...	...	...	...
Foreign bodies in food passage	...	...	...	...	...	...	...	...	1	...	...	...	...
Effects of irritants and corrosives	...	...	...	...	...	...	...	...	6	...	...	3	...
,, mechanical injuries	...	...	...	...	...	...	...	...	25	...	...	...	...
Rupture of arteries	...	...	...	...	...	...	...	...	...	...	...	1	1

Diseases.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.						
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Death.
Wound of skull with wound of brain	...	...	...	...	...	...	...	...	1	1	...	...	...
,, ,, ,, fracture and meningal hæmorrhage	1	·01	1	...	...	...	...	...	...	...	...	...	...
Concussion of brain	40	3·58	...	6	...	...	1	...	29	1	1	1	...
Laceration ,,	2	·13	1	...	...	...	...	...	1	1	...	...	...
Compression ,,	...	...	...	...	...	...	...	...	...	...	...	1	1
Contusion ,,	...	...	...	...	..	...	...	...	1	...	...	...	...
Sub-conjunctival hæmorrhage	...	...	...	...	...	...	...	...	1	...	...	...	...
Wound of eyeball	...	...	...	...	...	...	...	...	2	...	1	...	...
Compression of spinal cord	3	·20	1	...	...	...	...	...	...	...	...	1	...
,, nerves	...	...	...	...	...	...	...	...	1	...	...	...	...
Concussion of spinal cord	3	·13	...	1	...	...	...	...	3	...	...	1	...
Contusion of eyeball	...	...	...	...	...	...	...	...	1	...	...	...	...
Contusion of abdomen with rupture of viscera	...	...	...	...	...	...	...	...	...	...	...	1	1
Wound with fracture of skull	...	...	...	...	...	...	...	...	...	...	...	...	1
Contusion of viscera	...	...	...	...	...	...	...	...	1	1	...	...	...
,, of abdomen	...	...	...	...	...	...	...	...	1	1	...	...	...
Simple fracture of spine	...	...	...	...	...	...	...	...	1	...	...	3	1
Rupture of membrana tympani	1	·02	...	...	...	...	...	...	1	...	...	...	...
Rupture of spleen	1	...	3	...	...	...	...	...	...	...	...	...	2
,, intestines	1	·01	1	...	...	...	...	...	...	...	...	...	...
,, liver	...	...	...	...	...	...	...	...	...	1	...	...	...
,, kidney	1	·09	...	...	...	...	...	...	...	...	...	...	...
,, urethra	2	·21	1	...	...	...	.	...	1	...	...	...	...
,, bladder	2	·25	1	...	...	...	...	...	...	...	...	...	...
,, duodenum with contusion of parietes	1	·01	1	...	...	...	...	...	...	...	...	...	...
,, spleen due to mechanical injury	...	...	...	...	...	...	...	...	...	...	...	1	1
Injuries of bursæ	...	...	...	...	...	...	...	...	2	...	...	...	...
Separation of epiphyses	...	...	...	...	...	...	1	...	...	...	...	...	...
Greenstick fracture	...	...	...	...	...	...	1	...	...	...	...	...	...
Internal strangulation of joints	...	...	...	...	...	...	...	...	1	...	...	...	...
,, derangement ,,	2	·13	...	1	..	...	...	...	...	...	...	...	...
Other injuries	...	...	...	...	..	...	...	...	129	...	...	...	...
POISON :—													
Arsenic	...	...	...	...	...	...	...	...	1	...	...	...	...
Mercury	1	·0[illegible]	...	1	...	...	...	...	5	1	...	...	...
Copper	...	...	...	...	...	...	1	...	...	...	...	...	...
Nux Vomica	...	...	...	...	...	...	...	...	...	...	...	1	...
Strychnine	...	...	...	...	...	...	...	...	1	1	...	...	...
Oxalic acid	2	·13	...	...	...	...	...	...	...	...	...	...	...
Carbonic acid gas	...	...	...	...	...	...	...	...	...	1	...	...	...
Phynile	...	...	...	...	...	...	...	...	...	...	...	1	...
Alcohol	1	·03	...	...	...	...	...	...	1	2	...	...	...
Cocaine	...	...	...	...	...	...	...	...	...	...	...	2	...
Creosote	1	·02	...	...	...	...	...	...	...	...	...	...	...
Indian hemp	...	...	...	...	...	...	...	...	2	...	...	...	...
Opium	1	·01	...	...	...	...	...	...	3	1	...	4	...
Berries	...	...	...	...	...	...	2	...	...	...	...	...	...
Tobacco	2	·20	...	1	...	...	...	...	...	...	...	...	...
Decayed and poisonous food	14	·37	5	...	1	...	...	...	...	...	...	...	...
Ptomaines	...	...	...	...	...	...	...	...	3	1	...	...	...
Vegetable, probably Lal Chetra	...	...	...	...	..	...	...	...	...	...	...	1	...
,, not defined	...	...	...	...	...	...	...	...	3	...	...	...	...
Not defined	...	...	...	...	...	...	...	...	...	...	...	1	...
POISONED WOUNDS :—													
Poisoned wound by dog	105	4·71	...	...	...	...	7	...	17	...	...	7	...
,, ,, monkey	...	...	...	...	...	...	...	...	...	...	...	1	...
,, ,, snakes	...	...	...	...	...	...	...	...	15	2	...	21	...
,, ,, rat	...	...	...	...	...	...	...	...	1	...	...	...	...
,, ,, scorpions	1	·01	...	...	1	...	...	...	5	...	...	1	...
,, ,, tiger	...	...	...	...	.	...	...	...	1	1	...	50	...
,, ,, fish	...	...	...	...	...	...	...	...	...	...	...	1	...
,, ,, stinging insects	3	·08	...	...	...	...	...	...	5	...	...	2	...
,, ,, septic matters	6	·37	...	...	...	...	...	...	2	...	...	...	...
,, ,, vegetable substances	...	...	...	...	...	...	...	...	...	...	...	18	...
,, ,, dirty knife	1	·03	...	1	...	...	...	...	...	...	...	...	...
,, ,, not defined	...	...	...	...	...	...	...	...	5	...	...	1	...
HOMICIDAL :—													
Arsenic poison	...	...	...	...	...	...	...	...	1	1	...	...	...
Fracture of the vault of the skull	...	...	...	...	.	...	...	...	1	1	...	1	1
,, ,, base ,, ,,	...	...	...	...	...	...	...	...	...	1	...	...	...
Wound of chest	...	...	...	...	...	...	...	...	1	2	...	3	3
,, from gunshot	...	...	...	...	...	...	...	...	1	3	...	...	...
,, by bayonet	...	...	...	...	...	...	...	...	...	1	...	...	...
Not defined	...	...	...	...	...	...	...	...	...	...	...	...	2
SUICIDAL :—													
Opium poison	...	...	...	...	...	...	...	...	1	1	...	...	...
Drowning	...	...	2	...	...	...	...	...	...	3	...	1	2
Hanging	1	·01	2	...	...	...	...	...	...	2	...	...	11
Gunshot wound	2	...	12	...	..	...	...	...	2	11	...	...	...
Cut throat	1	...	4	...	...	...	...	...	...	...	...	1	1
Poison, oxalic acid	...	...	1	...	...	...	...	...	...	...	...	...	...
,, arsenic	...	...	...	...	...	...	...	...	...	...	...	1	2
,, opium	...	...	...	...	...	...	...	...	...	...	...	1	1
Suicide, not defined	...	...	...	...	...	...	...	...	...	...	...	...	3

TABLE LIII—*continued.*

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.						
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
JUDICIAL :—													
Hanging	...	...	...	...	...	...	...	...	...	...	...	...	9
Punished	...	...	...	...	...	...	...	...	...	...	...	19	...
IN ACTION :—													
Gunshot wound	...	...	...	...	...	...	...	...	5	1	...	...	...
NOT DEFINED :—													
Cut throat	...	...	...	...	...	...	...	...	...	...	...	13	...
No appreciable disease	210	9·77	...	...	1	...	...	...	14	...	...	4	...
Not yet diagnosed	...	..	...	...	...	...	...	...	6	...	...	13	...
Cause unknown	...	...	...	...	...	...	...	...	...	10	...	...	...
Absent deaths	...	...	...	...	...	...	...	...	...	490	...	...	...
GRAND TOTAL	72,081	4,397·17	896	2,063*	2,194	41	2,313	173	82,589	1,742	9	90,475	2,175

* Bengal Command . 645=29·51 per 1,000 of strength.
Punjab „ . 457=25·39 „ „ „
Madras „ . 323=34·45 „ „ „
Burma District . 110=30·42 „ „ „
Bombay Command . 528=33·02 „ „ „
India . . . 2,063=29·29 „ „ „

DISEASES.	EUROPEAN TROOPS.		NATIVE TROOPS.					
	ADEN COLUMN FIELD FORCE.		SOMALILAND FIELD FORCE.		ADEN COLUMN FIELD FORCE.		CHINA GARRISON.	
	Average annual strength 832.		Average annual strength 3,174.		Average annual strength 983.		Average annual strength 1,745.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Small-pox	...	...	...	...	...	...	3	...
Chicken-pox	...	...	8	...	1	...	...	...
Measles	...	...	18	...	...	...	...	...
Influenza	23	...	...	...	...	...	56	...
Mumps	...	...	17	...	...	...	...	...
Simple continued fever	1	...	...	...	5	...	2	...
Enteric fever	18	4	...	...	3	...	...	...
Mediterranean fever	...	...	1	...	...	...	...	...
Dysentery	59	8	310	2	201	2	15	...
Intermittent fever	335	3	604	5	320	...	101	...
Remittent fever	...	...	53	6	8	...	9	2
Erysipelas	1	...	...	...	...	...	...	...
Tubercle, not defined	...	...	6	1	3	...	6	...
„ of the lungs	2	...	2	1	...	...	30	12
Syphilis, primary	4	...	7	...	1	...	6	...
„ secondary	9	...	22	...	1	...	4	...
Gonorrhœa	14	...	103	...	6	...	30	...
Actinomycosis	1	...	...	...	...	...	...	...
Tænia solium	1	...	...	...	...	...	...	...
Guinea-worm	...	...	1	...	1	...	...	...
Scabies		...	...	...	...	...	3	...
Ringworm		...	1	...	...	...	...	...
Scurvy		...	839	16	2	...	5	...
Alcoholism		1	...	...	...	...	...	...
Rheumatic fever	...	...	3	1	...	...	...	...
Rheumatism	8	...	136	3	9	...	9	...
Osteoarthritis	...	...	1	...	...	...	...	...
Cyst	1	...	1	...	...	...	1	...
Non-malignant, new growth, not defined	...	...	...	...	...	...	1	...
Osteoma	1	...	...	...	...	...	...	...
Papilloma	1	...	...	...	...	...	...	...
Condyloma	...	...	1	...	...	...	...	...
Anæmia	...	...	...	...	2	1	1	...
Congenital malformation of testicle	1	...	...	...	...	...	...	...
Debility	23	...	8	...	...	...	24	1
Other general diseases	...	...	131	...	59	...	...	...
Meningitis	...	...	...	1	1	1	...	...
Neuritis	...	...	3	...	...	...	...	...
Local paralysis	...	...	1	...	...	...	1	...
Epilepsy	6	...	1	...	...	...	...	...
Neuralgia	2	...	2	...	...	...	1	...
Melancholia	1	...	...	1	...	...	...	...

DISEASES.	EUROPEAN TROOPS.		NATIVE TROOPS.					
	ADEN COLUMN FIELD FORCE.		SOMALILAND FIELD FORCE.		ADEN COLUMN FIELD FORCE.		CHINA GARRISON.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Dementia	1	...	...	...	...	...	...	...
Other diseases of the nervous system	...	...	18	...	7	...	...	...
Conjunctivitis	1	...	45	...	9	...	2	...
Keratitis	...	...	2	...	...	...	...	...
Iritis	...	...	...	...	...	...	1	...
Optic neuritis	...	...	...	...	...	...	1	...
Amblyopia	...	...	1	...	...	...	...	...
Other diseases of the eye	...	...	36	...	8	...	...	...
Inflammation of the external meatus	3	...	...	...	...	...	2	...
Inflammation of the membrana tympani	...	...	3	...	...	...	...	...
Deafness	...	...	...	...	...	...	2	...
Valvular disease of the heart	2	...	...	...	...	...	1	1
Syncope	...	...	...	...	...	...	...	1
Disordered action of the heart	7	...	...	...	1	...	...	...
Phlebitis	1	...	...	...	...	...	1	...
Varix	6	...	...	...	...	...	...	...
Other diseases of the circulatory system	...	...	3	...	1	...	...	...
Laryngitis	1	...	4	...	...	...	2	...
Bronchitis	11	...	85	1	10	...	27	...
Spasmodic asthma	1	...	...	...	...	...	...	...
Pneumonia	2	1	56	14	14	6	10	2
Pleurisy	1	...	10	...	2	...	3	...
Other diseases of the respiratory system	...	...	13	...	4	...	...	...
Stomatitis	1	...	...	...	...	...	2	1
Caries of dentine	2	...	1	...	...	...	...	...
Gum-boil	1	...	2	...	...	...	1	...
Sorethroat	5	...	1	...	4	...	...	...
Follicular tonsillitis	12	...	3	...	1	...	5	...
Inflammation of the salivary glands	1	...	...	...	...	...	...	...
Inflammation of the pharynx	...	...	4	...	...	...	...	...
Gastritis	8	...	...	...	...	...	...	...
Indigestion	...	...	2	...	...	...	3	...
Enteritis	...	...	5	...	...	...	...	...
Typhlitis	1	...	...	1	...	...	1	...

DISEASES.	EUROPEAN TROOPS.		NATIVE TROOPS.					
	ADEN COLUMN FIELD FORCE.		SOMALILAND FIELD FORCE.		ADEN COLUMN FIELD FORCE.		CHINA GARRISON.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Colitis . . .	1	...	...	...	...	...	...	...
Hernia . . .	1	...	...	...	...	...	1	...
Constipation . .	...	...	1	...	...	...	...	...
Colic	...	...	5	...	...	...	1	...
Diarrhœa . . .	9	...	81	...	34	...	2	...
Fissure of the anus .	...	...	...	...	...	...	2	...
Fistula in ano . .	...	...	...	...	...	...	2	...
Prolapse of the rectum and anus . . .	1	...	...	...	...	...	...	...
Piles	12	...	4	...	...	...	1	...
Hepatitis . . .	10	...	...	...	...	...	...	...
Abscess of the liver .	...	...	1	1	...	...	...	...
Congestion of the liver	...	...	10	...	...	...	...	...
Jaundice . . .	1	...	3	...	2	...	2	...
Peritonitis . . .	1	1	...	2	...	...	1	1
Other diseases of the digestive system .	...	...	49	...	11	...	...	...
Inflammation of lymph glands . . .	3	...	2	...	...	...	6	...
Suppuration of lymph glands . . .	2	...	...	...	...	...	1	...
Acute nephritis . .	...	...	...	1	...	...	...	...
Chronic ,, . .	...	...	1	1	...	...	...	...
Hæmaturia . .	...	...	2	...	...	...	...	...
Other diseases of the urinary system .	...	...	12	...	1	...	...	...
Stricture of the urethra .	2	...	...	...	...	...	...	...
Phimosis . . .	1	...	...	...	...	...	...	...
Paraphimosis . .	...	...	...	...	...	...	1	...
Soft chancre . .	2	...	10	...	4	...	8	...
Orchitis . . .	6	...	1	...	...	...	...	...
Periostitis . . .	...	...	6	...	...	...	...	...
Caries of bone . .	...	...	1	...	...	...	...	...
Synovitis . . .	11	...	1	...	...	...	3	...
Dislocation of articular cartilage . . .	2	...	...	...	...	...	...	...
Myalgia . . .	4	...	13	...	...	...	...	...
Inflammation of the connective tissue .	2	...	6	...	...	...	2	...
Abscess of the connective tissue . .	10	...	8	...	...	...	14	...
Urticaria . . .	...	...	1	...	...	...	2	...
Eczema . . .	1	...	2	...	...	...	3	...
Psoriasis . . .	1	...	...	...	...	...	...	...
Herpes . . .	1	...	...	...	...	...	...	...
Zona . . .	...	...	...	...	...	...	1	...
Ulcer . . .	3	...	36	...	...	...	9	...
Boil	1	...	7	...	...	...	17	...
Carbuncle . . .	...	...	1	...	...	...	...	...
Whitlow . . .	...	...	...	...	...	...	4	...
Onychia . . .	1	...	...	...	...	...	...	...
Other local diseases .	...	...	348	...	71	...	...	...
ACCIDENTAL :—								
Heat-stroke . .	4	...	...	...	...	...	...	...
Sun-stroke . .	...	1	9	1	...	...	...	...
Exhaustion . .	...	...	1	...	...	...	...	...
Burns and scalds .	1	...	3	...	...		5	...
Abrasions . .	5	...	3	...	...	...	12	...
Contusions . .	5	...	10	...	1	...	16	...
Wounds . .	4	...	18	...	...	...	21	...
,, from gunshot .	12	...	...	...	...	...	2	..
Strains and sprains .	6	...	5	...	...	...	5	...
Dislocations . .	3	...	2	...	...	...	...	...
Rupture of muscles, tendons and ligaments . . .	2	...	...	...	...	...	...	...
Fracture of the base of the skull . .	...	...	1	...	...	...	...	...
Fracture of the other bones . . .	2	...	1	...	...	...	4	...
Concussion of the spinal cord . .	1	1	...	...	...	...	...	...
Other injuries . .	...	...	285	...	80	...	...	...
Poison, not defined .	...	...	3	...	...	...	...	...
Poisonous gas, not defined . .	...	...	1	2	...	...	...	...
Poisoned wound by snake . . .	...	...	1	1	...	...	...	...
SUICIDAL :—								
Gunshot . .	...	...	1	2	...	...	...	...
IN ACTIOM :—								
Gunshot . .	...	...	...	...	...	...	...	...
Killed . . .	...	...	...	...	...	...	...	...
IN ACTION :—								
Gunshot wound .	...	3	54	...	5	1	...	...
Killed . . .	...	...	...	17	...	...	...	...
Cause unknown .	...	...	...	1	...	...	...	...
TOTAL .	719	23	3,584	82	893	11	520	21

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1903,

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